MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (163)

Reg. Dist. No. 44

# CERTIFICATE OF DEATH

05729

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Fort Howard (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Station Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ Hrs

(e) Length of stay in this community (yrs., mos., or days) 5 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Baltimore

(c) City or town Fort Howard (If outside city or town limits, write RURAL and give town)

(d) Street No. ——— (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Emily Morrell Dodge Adams

3 (b) If veteran, name war ———

3 (c) Social Security No. ———

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Victor Lee Adams

6. (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Nov 18, 1910

8. AGE: Years 28 | Months 6 | Days 21 | If less than one day ——— hr. ——— min.

9. Birthplace Wakefield, Mass (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ———

FATHER

12. Name Harry Bryant Dodge

13. Birthplace Cambridge, Mass

MOTHER

14. Maiden Name Mildred Haley

15. Birthplace Cambridge, Mass

16 (a) Informant Victor L. Adams

(b) Address Fort Howard, Md.

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof June 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Balto National

Location Frederick Ave City

18 (a) Funeral director Robert Brooks & Son

(b) Address Calhoun Hollins St

19 (a) June 8-39 (Date rec'd by registrar) (b) Dawson L. Harbor Dep. Registrar

## MEDICAL CERTIFICATION

20. Date of death June 7th, 1939, at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1939, to June 7 1939, and that I last saw ~~him~~ her alive on June 7, 1939.

Immediate cause of death Poisoning (Sodium Fluoride)

Due to ———

Due to ———

Other conditions ———

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence June 7th, 1939

(c) Where did injury occur? Ft. Howard (City or town) Balto (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? ———

(e) Means of injury ———

23. Signature W. G. JENKINS, M. D. or other

Address Fort Howard, Md. Date signed Jun 8/39

Duplicate sent to Bureau of Census, Wash., DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 5 1929
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05730

Reg. Dist. No. 7D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 mths., 21 days

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2115 Barclay Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** Ella Adkins

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | widow |

6 (b) Name of husband or wife: ?? Adkins

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): April 16, 1865

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 1 | 21 | hrs. min. |

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records

Address

17. (Burial, cremation, or removal. Which?) Date thereof: June 7, 1939
(month) (day) (year)

Cemetery or crematory: Moreland Memorial Park

Location

18. Funeral director: Dunnard Covington

Address: 210 W. 25th St

19. (Date rec'd by registrar) 19 39 Registrar

Deputy

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 19 39, at 5:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 14 19 38, to June 5 19 39, and that I last saw h[illegible] alive on June 4 19 39.

| Immediate cause of death | DURATION |
|---|---|
| Acute Myocarditis | 5-31-39 |
| Due to Perirectal abscess | 5-15-39 |
| Due to | |
| Other conditions Senile Psychosis bef. | 9-14-38 |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Silas M. Mellmer, M.D.
M. D. or other

Address: Catonsville, Maryland Date signed: 6/6/39

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BUREAU V. S.

05731

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 44

Village or City Spanners Point No. 611 I Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Baby Austin

(a) Residence: No. 611 I Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE A A

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5, 1939

7. AGE Years | Months Ten | Days | If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) 611 I Street (State or country)

FATHER

13. NAME Richard Austin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mammie Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mammie Austin (Address) 611 - I - St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5/7, 1939

19. UNDERTAKER Samuel W. Chase & Son (Address) 638 N. Gilmore St. - Balto. Md.

20. FILED June 6, 1939 Dawson L. Harbin Dep. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June 5, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939, to June 5, 1939

I last saw her alive on June 5, 1939; death is said to have occurred on the date stated above, at 8 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stillborn | |

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) [illegible] M. D.

(Address) 1422 E. Chase Street

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED JUL 5 1927 BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05732

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH** (131)

County Balto. Co. Old Philadelphia Rd. Registration Dist. No. 44

Village or City Hillen P.O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? 55 yrs. mos. ds.

**2. FULL NAME** Catherine Bannon If U. S. Veteran, specify WAR

(a) Residence: No. 714 N. Eutaw ave St., Ward Baltimore

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F. | W. | Widowed |

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel

6. DATE OF BIRTH (month, day, and year) Feb 14 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London

FATHER

13. NAME John Anderson

14. BIRTHPLACE (city or town) (State or country) London

MOTHER

15. MAIDEN NAME Mary Cahill

16. BIRTHPLACE (city or town) (State or country) London.

17. INFORMANT Francis Holtzman

(Address) R.D. Old Philadelphia

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Date June 16, 1939

19. UNDERTAKER Martin W. E. Dippel

(Address) 7110 Belair Rd

20. FILED June 13, 1939 John G. Armella

Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 24 1939, to June 12, 1939

I last saw h elive on June 12, 1939; death is said to have occurred on the date stated above, at 11 1/4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 4/24/39 |
| Hypertensive Chronic | 4/24/39. |
| Interstitial Nephritis | |
| | |
| | |

Other Contributory Causes of importance:

| | |
|---|---|
| Acute Cholecystitis. | 5/2/39 |
| | |
| | |

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James F. Kavanagh M. D.

(Address) 3328 McElderry St

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
JUL 6 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S A15

05733

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

## CERTIFICATE OF DEATH

Reg. Dist. No. 40

**1. PLACE OF DEATH:**

County Balto

City or town White Marsh Phil Rd

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Balto

City or town Sparrows Pt. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. School House Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Bearman

3. (b) Social Security Number 213-07-0698

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Louisa Koester

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 2nd 1879

8. AGE: Years 60 Months 1 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual occupation Skilled laborer

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name Louis Bearman

13. Birthplace —

MOTHER 14. Maiden name —

15. Birthplace —

16. Informant Mrs. Louisa Bearman

Address School House Lane Sparrows Pt.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27 1939 (month) (day) (year)

Cemetery or crematory ~~Parkwood~~ Oak Lawn

Location Balto Co. Md.

18. Funeral director Fredk Lassalm & Son

Address 7401 Belair Rd

19. 6/25/39 19 W M Hammett (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, and that I last saw h___ alive on Not at all 19___.

Immediate cause of death Suicide by Monoxide gas poisoning in Auto on Philadelphia Rd about White Marsh

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

~~Accident~~, suicide, ~~or homicide~~ Date of June 23-39

~~Where did injury occur?~~ White Marsh (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?)

~~Means of injury~~ Suicide Injured at work? No

23. SIGNATURE W. G. E. Myse Deputy P.M. Exam M. D. or other

Address Dickesville Md Date signed 6-23-39

RECEIVED
JUL 3 1939
BUFFALO, N.Y.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05734

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. # 30

Village or City Catonsville, No. 105 N. Rolling Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 39 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Richard S. Benson If U. S. Veteran, specify WAR

(a) Residence: No. 105 N. Rolling Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Grace VanLill

6. DATE OF BIRTH (month, day, and year) 12/4/57

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 5 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 15 Years

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Basil S. Benson

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mrs. Mary G. Benson

(Address) 105 N. Rolling Rd. Catonsville, Md.

18. BURIAL, [redacted]

Place Loudon Park Cemy. Date 6/5/39 19

19. UNDERTAKER John O. Mitchell & Sons Inc.

(Address) 1900 Eutaw Pl. Balto. Md.

20. FILED 6/5 19 39 H. C. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 2, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on about 3P, 19 ; death is said to have occurred on the date stated above, at pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | ? |

Other Contributory Causes of importance:

Coronary Thrombosis

Name of operation no Date of

What test confirmed diagnosis? sudden death Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Geo. S. McKeeffer Deputy Medical Examiner M.D.

(Address) 1010 Leeds Av.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
JUN 15 1939
BUREAU V. S.

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05735

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH** (920)

County Balto. County Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? 64 yrs. mos. ds.

**2. FULL NAME** Bertha Biegler If U. S. Veteran, specify WAR

(a) Residence: No. German Hill Rd 48th St Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, and year): April 8 1861

7. AGE — Years: 78 Months: 1 Days: 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.:

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ? Albrecken

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William T. Mathias

(Address) German Hill Rd 48th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 7, 1939

19. UNDERTAKER: Martin H. E. Dippel

(Address) 7110 Belair Rd

20. FILED 6/6, 1939 Milton W. Smith Deputy Registrar. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to June 4, 1939

I last saw her alive on June 4, 1939; death is said to have occurred on the date stated above, at 7:55 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Unknown. |
| with Chronic Valvular | |
| heart disease | |

Other Contributory Causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Alb. Reier M. D.

(Address) Dundalk, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arterioselerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05736

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95F)

## CERTIFICATE OF DEATH

Reg. Dist. No. 39

**1. PLACE OF DEATH:** Balto

County Balto

City or town Monkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Balto

City or town Monkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Hery Blinker Blenkner

**3. (b) Social Security Number**

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Un

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

**8. AGE:** Years 86 | Months | Days | If less than one day hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Germany

MOTHER 14. Maiden name unknown

15. Birthplace "

16. Informant County Welfare Board

Address Towson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30, 1939 (month) (day) (year)

Cemetery or crematory Mays Chapel

Location Timonium Md.

18. Funeral director John Burns Sons

Address Towson Md.

19. June 29, 1939 (Date rec'd by registrar) Anna Price Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH dont know 1939, at M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h alive~~ on 19

Immediate cause of death Heart disease found dead in his chair in his home at about 8 PM June 28-39 by Mr Chas Ross

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O'Neal Dept P.M. Ex M. D. or other

Address Pikesville Md Date signed 6-28-39.

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

05737

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 38 yrs. 9 mths. 25 dys.

Stay in this community (yrs., or mos., or days) " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Roland Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 207 C Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME**

George Edward Blucher

**3. (b) Social Security Number**

none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | single |

8 (b) Name of husband or wife: ---single

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): unknown

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | ? | ? | ____ hrs. ____ min. |

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: odd jobs

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/21/39 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hospital

Location: Catonsville Md.

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 6/21 (Date rec'd by registrar) 1939 H. Henderson Registrar by Deputy

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1939, at 7:55 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1 1911, to June 18 1939, and that I last saw him alive on June 18 1939.

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of the pancreas | unknown |
| XXX | |
| Due to | |
| Other conditions: Schizophrenia bef. 8-23-1900 | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: John G. Rumbel M. D. or other

Address: Catonsville, Maryland Date signed 6-20-39

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JUL 3 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(8)

Reg. Dist. No. 05738

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Balto Co

(b) City or town Near Woodlawn (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: None

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Basly

3 (b) If veteran, name war: Ur

3 (c) Social Security No. Ur

4. Sex: Fem

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced. Sing

6 (b) Name of husband or wife: Prem

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6

8. **AGE:** Years: Present | Months: Fr | Days: 0 | If less than one day: hr. ✓ min.

9. Birthplace Balto (Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Wm Basly
13. Birthplace Balto Co

MOTHER
14. Maiden Name Mary Hart
15. Birthplace Balto

16 (a) Informant Wm Basly
(b) Address Woodlawn

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Home
Location None

18 (a) Funeral director None
(b) Address ✓

19 (a) (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death June 6th 1954, at 6 am M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1954, to June 6 1950, and that I last saw him alive on Dec 1950

Immediate cause of death: Premature

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Roslyn Date signed June 6th 1954

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1939
BUREAU V. S.

05739

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(183)

**1. PLACE OF DEATH**

County Balto Registration Dist. No. 42

Village or City Arbutus Halethorpe No. Sulphur Spring Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Howard E Bowen Jr If U. S. Veteran, specify WAR .....

(a) Residence: No. 740 Carroll st St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Jan 1 1926

7. AGE: Years 13 | Months 5 | Days 29 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Schoolboy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Howard E Bowen Jr

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Katherine A Eckerl

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs Katherine A Bowen (Address) 740 Carroll st

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 3, 1939

19. UNDERTAKER William M. Mareck (Address) 715 Light St.

20. FILED June 29 1939 Geo Kieffer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... about ....., 19.....; death is said to have occurred on the date stated above, at 11 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental drowning

There was no boat involved. Dw G.R.

Deceased was bathing (or swimming) in pond.

Date of onset

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 29 1939

Where did injury occur? Pond Knecht property (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Sulphur Spring Rd Arbutus

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo M Kieffer Deputy Med Exam M.D.

(Address) 1010 Leeds Ave Balto

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 9 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Kieffer Leeds Ave

BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH (94E)

Registered No. 4 05740

**1. PLACE OF DEATH:**
(a) Baltimore ~~City~~ County, Maryland
(b) Street address Cost Drive
(c) ~~Hospital or institution~~: Arbutus Halethope
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore Co (yrs., mos., or days) 4 yrs

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Md (b) County Balto
(c) City or town Arbutus Halethope
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cost Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William S Brown

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-09-1381

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nellie M. Brown
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 15-1892

8. **AGE:** Years 47 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Wilmington, Del
(Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry or business Maryland Dry Dock

FATHER
12. Name William N Brown
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Martha A Coulter
15. Birthplace Baltimore Md

16 (a) Informant Nellie M Brown
(b) Address Cost Drive Arbutus Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) June 29 39 (Date rec'd by registrar) (b) Geo S McKieffer Registrar

## MEDICAL CERTIFICATION

**20. DATE OF DEATH** June 28 1939, at about 10:30 AM

**21.** I certify that death occurred on the date above stated; that I attended deceased from — 19 — to — 19 —, and that I last saw h alive on — 19 —.

**Immediate cause of death** Coronary thrombosis

Due to sudden death

Due to

Other Conditions Inquiry
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**Duration**

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

**22.** If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

**23. Signature** Geo S McKieffer Deputy Medical Examiner M. D.
Address 1010 Leeds av June 29 39 Date signed Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible].

RECEIVED
JUL 3 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05741

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH** (23)

County Baltimore Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** Leon Kenneth Bunce If U. S. Veteran, specify WAR

(a) Residence: No. 2705 St. Paul St St., Ward.
(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 20, 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 8 | 10 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Salisbury High School

10. Oata deceased last worked at this occupation (month and year) Dec 27, 1937

11. Total time (years) spent in this occupation 7yr.

12. BIRTHPLACE (city or town) Balto Md
(State or country)

**FATHER**

13. NAME Rev. E. L. Bunce

14. BIRTHPLACE (city or town) Maryland
(State or country)

**MOTHER**

15. MAIDEN NAME Octavea Galloway

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Personal History--Hospital Records
(Address) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 3, 1939

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED July 1, 1939 I. N. Bacon —
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 30 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to June 30, 1939.

I last saw h[illegible] alive on 29 June, 1939; death is said to have occurred on the date stated above at 2 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary TBC. | Nov 1937 |

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Sputum Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 11 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05742

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH** (93d)

County Baltimore Registration Dist. No. 38

Village or City Ruxton Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** RICHARD HENRY CHAMBERLAINE If U. S. Veteran, specify WAR —

(a) Residence: No. Ruxton, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word) WIDOWER

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Lee Sterrett

6. DATE OF BIRTH (month, day, and year) June 30 1864

7. AGE Years 74 Months 11 Days 21 If LESS then 1 day, ✓ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME George Chamberlaine

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Betty Taylor

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT (Address) Mahlon R. Miller Ruxton, Md

18. BURIAL, CREMATION, OR REMOVAL Place Berryville Va Date June 12, 1939

19. UNDERTAKER (Address) Henry W. Jenkins & Sons Co Baltimore Md

20. FILED June 10, 1939 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to June 9, 1939

I last saw him alive on June 9, 1939; death is said to have occurred on the date stated above, at 4 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Decompensation | ? |
| Ac Pulmonary Oedema | June 9th 39 |

Other Contributory Causes of importance:

| | |
|---|---|
| Arterio sclerosis | For yrs |
| Chr. Bronchitis | " |
| Emphysema | " |

Name of operation Date of

What test confirmed diagnosis? no Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address) 18 E Eager St.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 5 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05743

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH** Baltimore

County Joppa & Clement Ave. Registration Dist. No. 38

Village or City Baynesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Edna E. Clark If U. S. Veteran, specify WAR

(a) Residence: No. Joppa & Clement Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | W. | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo B Clark

6. DATE OF BIRTH (month, day, and year) Sept 4 - 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles E Marshall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Stoner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Leo B Clark (Address) Joppa & Clement Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 7-3-39, 19

19. UNDERTAKER Leonard J Rush (Address) 5305 Harford Road

20. FILED 7/1, 1939 A. M. Bacon Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June 30 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938, to June 30, 1939

I last saw her alive on June 28, 1939; death is said to have occurred on the date stated above, at 1 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Liver | Dec 1938. |

Other Contributory Causes of Importance: ✓

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J S Harding M. D.

(Address) 4810 Belair Rd.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

F 4788

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 13 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

# CERTIFICATE OF DEATH

05744

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:** Balto

County

City or town Overlea

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 107 Kolb Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Overlea Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 107 Kolb Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Wm. V. Clift Jr

**3. (b) Social Security Number** 212-09-8412

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | White | Single |

6 (b) Name of husband or wife --

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12th, 1902

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 36 | 6 | 18 | hrs. min. |

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Umbrella Repairs

11. Industry or business

FATHER 12. Name Wm. V. Clift, Sr.

13. Birthplace Balto., Md.

MOTHER 14. Maiden name Vivian Young

15. Birthplace Balto., Md.

16. Informant Mrs. Clift,

Address 107 Kolb Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1939 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location 2930 Frederick Ave.

18. Funeral director F. Lasovaha & Son

Address 7401 Belair Road

19. 7/1/39 (Date rec'd by registrar) 19 [signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1939, at 8.20 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19, to 19,

~~and that I last saw h~~ alive on 19.

~~Immediate cause of death~~ I was not called until after the death. Dr Mychaly from just next door

Due to him just before he died

Due to Cause of death was a paralytic heart disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No Autopsy

DURATION

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. G. Mc Neil Dept. B. M. Coroner M. D. or other

Address June 30th 39 Date signed

Coroners Physician

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JUL 7 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05745

159

# CERTIFICATE OF DEATH

Reg. Dist. No. 35

**1. PLACE OF DEATH:** No Abingdon Md

County Balto Co

City or town as above

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Balto

City or town Mt. Thomas Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Katharine Minerva Coates

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | colored | single |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1939

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace York Hospital Stewartstown (Town, county, and state) Pa.

10. Usual occupation

11. Industry or business

FATHER 12. Name Arnold Alfred Coates

FATHER 13. Birthplace Monroeville Md

MOTHER 14. Maiden name Elizabeth Morgan Coates

MOTHER 15. Birthplace Jarrettsville Md

16. Informant Elizabeth A. Coates

Address Stewartstown R#1 Pa.

17. (Burial, cremation, or removal. Which?) Date thereof June 3, 1939 (month) (day) (year)

Cemetery or crematory Stone Stone Md

Location Stone Md

18. Funeral director H. Howard Kohr

Address Stone Stone Pa

19. June 2 1939 Melvin Bortner

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death Natural Cause — DURATION 1 hour

Patient did not have any dr. last seen suddenly

Due to

Due to

Other conditions Unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy None

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Ellis M.D. Medical Examiner

Address Delaware Md Deputy Coroner Date signed June 2nd 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Authorization to change birthplace of infant and address of parents see letter filed in permanent file under Type. 7/28/39. B.

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05746

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-B)

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Halethorpe No. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Margaret Loretta (Maggie) Collins SC # none

(a) Residence: No. 302 Selma ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Mch 20 1877

7. AGE Years 62 Months 3 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME James Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary C. Reed

(Address) 302 Selma ave, Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6/23/1939

19. UNDERTAKER Wagner Cook

(Address) 1217 St Paul St

20. FILED 6/20, 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June 20, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to June 20, 1939

I last saw her alive on June 20, 1939; death is said to have occurred on the date stated above, at 11:17 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia Terminal | 6/14/39 |
| Myocardial degeneration | ? |

Other Contributory Causes of importance:

Carcinoma of Stomach c̄ metastasis to liver, ?

Name of operation none Date of ✓

What test confirmed diagnosis? Enlarged liver Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) B B Brumbaugh M. D.

(Address) El Bridge Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05747

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(948)

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:** Balto

County

City or town North Point Creek (Rural)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Balto

City or town North Point Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME George Richard Crabtree

3. (b) Social Security Number 216-10-4024

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Francis Smith Crabtree

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Dec 25-1889

8. AGE: Years 49 Months 6 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Mississippi (Town, county, and state)

10. Usual occupation Fellerer

11. Industry or business Bethlehem Steele Co

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs Francis Smith Crabtree

Address North Point Creek

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/19/39 (month) (day) (year)

Cemetery or crematory Oak Lawn Cem.

Location Eastern Ave Rd.

18. Funeral director John G. Connelly

Address Essex, Md.

19. 6/19 1939 (Date rec'd by registrar) John G. Connelly Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1939, at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coronary thrombosis

Due to he died suddenly after having been

Due to the office of Dr Tallin

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy No autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury No injury Injured at work?

23. SIGNATURE M. P. O. Nyse Deputy P.M. Examiner

Address Pikesville Md Date signed Jun 15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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05748

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 2 mths. 26 dys.

Stay in this community (yrs., or mos., or days): " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2707 Hugo Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** John R. Dalrymple

**3. (b) Social Security Number:** none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Matilda Graves

died at age of 40 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 27, 1857

**8. AGE:** Years: 81 Months: 11 Days: 12 If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: junk dealer and laborer

11. Industry or business: odd jobs

FATHER
12. Name: John Dalrymple
13. Birthplace: Scotland

MOTHER
14. Maiden name: Agnes Hughes
15. Birthplace: Scotland

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/21/39 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp Cem

Location: Catonsville Md.

18. Funeral director: Spring Grove State Hosp Ft

Address: Catonsville Md

19. 6/21 1939 (Date rec'd by registrar) H L Sandoval Registrar Deputy

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1939, at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1935, to June 9 1939, and that I last saw her alive on June 9 1939.

| Immediate cause of death | DURATION |
|---|---|
| Chronic myocarditis | bef. 1935 |
| Due to Generalized arteriosclerosis | " " |
| Due to | |
| Other conditions: Senile psychosis | bef. 1935 |

(Include pregnancy within 8 months of death)

Major findings:

Of operations: none

Of autopsy: see above

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: John G. Rumpel M. D. or other

Address: Catonsville, Maryland Date signed: 6-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95C) Reg. Dist. No. 35

# CERTIFICATE OF DEATH

05749

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Monkton (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Baltimore
(c) City or town Monkton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Ellen Davis

3 (b) If veteran, name war: —
3 (c) Social Security No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: John Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15-1854

8. AGE: Years 84 | Months 10 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Monkton, Balto Co. Md (Town, county, and state)
10. Usual occupation Housework
11. Industry or business —

FATHER
12. Name Joshua Johnson
13. Birthplace Unknown

MOTHER
14. Maiden Name Annie Pelley
15. Birthplace Unknown

16 (a) Informant Cornelia Jackson
(b) Address Sparks, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1939 (month) (day) (year)
(c) Cemetery or crematory Fayetta Chapel
Location Monkton, Md

18 (a) Funeral director P. Markline Sons
(b) Address White Hall Md

19 (a) June 12 1939 (Date rec'd by registrar) (b) Milnes Bortner M.D. Registrar

## MEDICAL CERTIFICATION

20. Date of death June 11 1939, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1939, to June 11 1939, and that I last saw him alive on June 11 1939.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocarditis | |
| Due to arteriosclerosis | |
| Due to | |
| Other conditions Hypertension (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Frances M. D. on other
Address Parkton, Md Date signed June 12, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 43

05750

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Overlea (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 18 Willow Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 19 Years

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Baltimore

(c) City or town Overlea (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Willow Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary E. Dunn

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Franklin M. Dunn

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1861

8. AGE: Years 77 | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name James Mullan

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Foster

15. Birthplace Ireland

16 (a) Informant Mrs. Mary C. Hubbard

(b) Address 18 Willow Ave. Overlea

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20. 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Maryland

18 (a) Funeral director Fred Lassah & Son.

(b) Address 7401 Belair Road

19 (a) 6/19/39 (Date rec'd by registrar) (b) G. A. Fritz MD Registrar

## MEDICAL CERTIFICATION

20. Date of death June 16th. 1939, at 11.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1939, to June 16 1939, and that I last saw him alive on June 16 1939.

Immediate cause of death Chronic myocarditis — Duration 2 mos

Due to Arteriosclerosis — 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address 1 W. Overlea Ave. Date signed 6/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 7 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 31

(157)

## CERTIFICATE OF DEATH

05751

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Granite
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 18 hours

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Baltimore

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No. Granite
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Wilson Duvall

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 10 1939

8. **AGE:** Years | Months | Days | If less than one day: 18 hr. ____ min.

9. Birthplace Granite Baltimore Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Luther Duvall

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Gertrude Hodges

MOTHER 15. Birthplace Maryland

16 (a) Informant Luther Duvall

16 (b) Address Granite Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1939 (month) (day) (year)

17 (c) Cemetery or crematory Cherry Hill

Location Near Granite Md

18 (a) Funeral director Luther Duvall (father)

18 (b) Address Granite Md

19 (a) June 16 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

### MEDICAL CERTIFICATION

20. Date of death June 16 1939, at 10.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

| Immediate cause of death | Duration |
|---|---|
| Premature birth | |
| Due to (7 months) | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Martin
M. D. or other

Address Randallstown, Md Date signed 6/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

05752

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

**1. PLACE OF DEATH:**
County Baltimore
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 222 Riverview Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Balti
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 222 Riverview Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** William Godfred Eberius

**3. (b) Social Security Number** never had one employed self.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Julia Eberius
6(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.): March 5 - 1873

**8. AGE:** Years 66 | Months 5 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Marthasville Mo (Town, county, and state)
10. Usual occupation Saw filer
11. Industry or business
FATHER 12. Name Andrew Eberius
13. Birthplace Germany
MOTHER 14. Maiden name Marie Mittler
15. Birthplace Germany
16. Informant Julia Eberius
Address 222 Riverview Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 - 1939 (month) (day) (year)
Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave Ext'd
18. Funeral director John Ulrich
Address 2008 Orleans St
19. July 2 1939 (Date rec'd by registrar) Milton M. Smulson Local Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1939, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939, to June 30 1939, and that I last saw him alive on June 30 1939.

| Immediate cause of death | DURATION |
|---|---|
| Chronic Nephritis | 2-3 yrs |
| Due to A-S-C-V-R-Disease | 10 years |
| Due to | |
| Other conditions Phlebitis, left leg | 1 day |
| Prostatic Hypertrophy | 10 yrs. |

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. B. Davis M.D. M. D. or other
Address 3 Kinship Road - Dundalk Date signed 7/1/39 -
W. McCormick Res

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05753

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Rosewood State Training School
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Owings Mills, Md.
Stay in hospital or inst. (yrs., or mos., or days): 3yrs 1mo 25da
Stay in this community (yrs., or mos., or days): " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3410 Dilkens Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Edward Thomas Eliff

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | White | Single |

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 23, 1929

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 9 | 10 | 4 | hrs. min. |

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Inmate; Rosewood State
11. Industry or business: Training School; Owings Mills Md.
FATHER 12. Name: Thomas E. Eliff
13. Birthplace: St. Marys Co., Md
MOTHER 14. Maiden name: Margaret Freedenburg
15. Birthplace: Baltimore, Md
16. Informant: Institution Records; Rosewood State
Address: Training School; Owings Mills, Md
17. (Burial, cremation, or removal. Which?) Date thereof: June 30/1939 (month) (day) (year)
Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore, Md.
18. Funeral director: Wm Cook
Address: 217 St Paul St
19. June 26 1939 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1939, at 11:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1939, to June 27 1939, and that I last saw h~~im~~ alive on June 27 1939.

Immediate cause of death: Status Epilepticus — DURATION: 2 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George C. Medairy M.D.
M. D. or other
Address: Owings Mills, Md Date signed: 6/27/39

RECEIVED
JUL 5 1939
BUREAU V. S.

Social Security No. 215-05-8838

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05754

1. PLACE OF DEATH (930)

County Baltimore Registration Dist. No. 41

Village or City Colgate No. 708 North Point Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Ey If U. S. Veteran, specify WAR No

(a) Residence: No. 708 North Point Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Ey

6. DATE OF BIRTH (month, day, and year) June 24, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Frederick Ey,

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known (State or country)

17. INFORMANT Louisa Ey, (Address) 708 North Point Road.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date June 19, 1939

19. UNDERTAKER George W. Pinkley (Address) 1137 E. Eager St.

20. FILED 6/16, 1939 Helen W. Knudson Local Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 15, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to June 15, 1939

I last saw him alive on June 14, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Irreparable Failure. | May 1939. |

Other Contributory Causes of Importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Sub-Acute. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None. Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Emmanuel Gehlenuk M. D.

(Address) 842 S. East Ave.

M. D. Examiner Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED JAN 19 1933 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05755

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Wilson Branch, Maryland Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 5 mos., 2 days

Stay in this community (yrs., or mos., or days): 5 mos., 2 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: ~~Baltimore~~ Prince George's

City or town: ~~Mount Wilson~~ Seat Pleasant Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Harry F. Farr

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Mrs. Mary R. Farr

6(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): January 24, 1899

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 40 | 4 | 24 | ____ hrs. ____ min. |

9. Birthplace: Seat Pleasant, Prince George, Md (Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: Unknown

FATHER — 12. Name: Bowman Farr

FATHER — 13. Birthplace: Washington, D. C.

MOTHER — 14. Maiden name: Mary Hayes

MOTHER — 15. Birthplace: Washington, D. C.

16. Informant: J. Frank Spalding

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 20, 1939 (month) (day) (year)

Cemetery or crematory: Addison Chapel

Location: Seat Pleasant, Maryland

16. Funeral director: Francis Gasch & Son

Address: Hyattsville, Maryland

19. 6/17/39 19____ (Date rec'd by registrar) J. Frank Spalding Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17, 1939, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 1939, to June 17 1939, and that I last saw him alive on June 17 1939.

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | Since March 1936 |
| Tuberculous Meningitis | Since 5/25/39 |
| Due to | |
| Due to | |
| Other conditions: None | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

**PHYSICIAN** — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

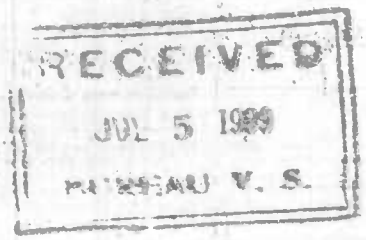
Means of injury — Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mount Wilson, Md. Date signed: 6/17/39

over

For authorization to change information under Item 2, see letter from J. F. Spaulding, July 10, 1939. AS/7/11/39



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

595

# CERTIFICATE OF DEATH

(46-B)

05756

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Sparrows Point Md (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution~~: 2915 Salisbury Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) ~~16 years~~ 5 weeks.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md (b) County Baltimore

(c) City or town 2245 Linden Ave (If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore (city) (If rural give location)

(e) If foreign born, how long in U. S. A.? 16 years

3 (a) FULL NAME HELEN FISHER.

3 (b) If veteran, name war —

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles A Fisher

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13th 1874

8. AGE: Years 65 Months 5 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Scotland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business own home

FATHER 12. Name James Rogers

13. Birthplace Scotland

MOTHER 14. Maiden Name Elizabeth Thompson

15. Birthplace Scotland

16 (a) Informant Elizabeth Brewster

(b) Address 2245 Linden Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/20/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Balto

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) 6/18/39 (Date rec'd by registrar) (b) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. Date of death June 17 1939, at 4 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1939, to June 17 1939, and that I last saw him or alive on June 16 1939.

Immediate cause of death Inanition — Duration 1 week.

Due to Gastric carcinoma — 1 year.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Gastric carcinoma April 20. 1939 - Hopkins hosp.

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Tollin. M.D. M. D. or other

Address Sparrows Pt. Md Date signed June 17. 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107p)

Reg. Dist. No. 38

05757

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Towson
(If outside city or town limits, write RURAL and give town)
(c) Street address, ~~hospital, or institution~~: Balto. Ave & Joppa Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 21 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Baltimore Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Milton H. Foster

3 (b) If veteran, name war: No.

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Betty L. Foster

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1872

8. AGE: Years 66 | Months 7 | Days 10 | If less than one day: hr. min.

9. Birthplace Erna, Balto Co., Md
(Town, county, and state)

10. Usual occupation Hauling Contractor

11. Industry or business

FATHER
12. Name Wm. M. Foster
13. Birthplace Erna, Balto. Co. Md.

MOTHER
14. Maiden Name Hannah F. Vance
15. Birthplace Hereford, Balto Co. Md

16 (a) Informant Mrs. Milton H. Foster
(b) Address 701 Balto. Ave. Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 39 (month) (day) (year)
(c) Cemetery or crematory Grace M. P. Church
Location Chestnut Ridge Balto Co.

18 (a) Funeral director Landon M. Bussard
(b) Address Govanstown Md.

19 (a) June 27/39 (Date rec'd by registrar) (b) Ellsworth Vaughan Deputy Asst. Registrar

### MEDICAL CERTIFICATION

20. Date of death June 23, 1939, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1939, to June 23, 1939; and that I last saw him alive on June 23, 1939.

| Immediate cause of death | Duration |
|---|---|
| Pneumonia (Lobular) | 1 week. |
| Due to Acute Infectious Arthritis | 4 weeks |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Talbert Jr. M. D. or other
Address Towson Md Date signed June 24 39.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (1242)

# CERTIFICATE OF DEATH

05758

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 11 years
Stay in this community (yrs., or mos., or days) 11 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 129 Mechanic Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** DORA PATS FRAMM

**3. (b) Social Security Number** none

**4. Sex** female

**5. Color or race** white

**6.(a) Single, married, widowed, or divorced** widow

6 (b) Name of husband ~~or wife~~ FRAMM

6(c) If alive, give age ____ years

**7. Birth date of deceased (mo., day, yr.)** November 1877

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 8 | ? | ____ hrs. ____ min. |

9. Birthplace Russia (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Shoe Store

FATHER
12. Name Hyman Pats
13. Birthplace Russia

MOTHER
14. Maiden name Sarah Lazerolove
15. Birthplace Russia

16. Informant (Hospital Records)
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18-1939 (month) (day) (year)
Cemetery or crematory Hebrew Cemetery
Location Balto City

18. Funeral director Jack Levin Inc.
Address 1439 E Baltimore St.

19. 6/17/39 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1939, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 14 1928, to June 17 1939, and that I last saw b or alive on June 16 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cirrhosis of the liver | bef. 1935 |
| Chronic interstitial nephritis | bef. 1938 |
| Chronic myocarditis | bef. 1936 |
| Due to | |
| Other conditions Dementia praecox | bef. 1928 |

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Silas M. Mattmen, M.D. (M. D. or other)
Address Catonsville, Maryland Date signed 6-17-39

RECEIVED
JUL 3 1939
BUREAU V. S.

05759

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH** Mrs. Carter's Nursing Home

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 16 Lusting Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Elizabeth Rathbone Gardenier If U. S. Veteran, specify WAR

(a) Residence: No. 730 Brookwood Rd St., Ward, Balto. Md.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Aaron B. Gardenier

6. DATE OF BIRTH (month, day, and year): Sept. 16, 1854

7. AGE: 84 Years, Months 9, Days, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Y.

FATHER

13. NAME: Wm. P. Rathbone

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Van Slyke

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT: David Gardenier (Address) 730 Brookwood Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Fort Lincoln Md. Date 6/17/39

19. UNDERTAKER: Harry H. Wiltze (Address) 4101 Edmondson Ave

20. FILED 6/17/39 H. L. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to June 16, 1939

I last saw her alive on June 16, 1939; death is said to have occurred on the date stated above, at 8.45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | ? |
| Mitral Insufficiency | ? |

Other Contributory Causes of Importance:

| | |
|---|---|
| Hypostatic Pneumonia | 2 Days |
| arteriosclerosis | |

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did Injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wrinsober Fort M. D.

(Address) 20 E. Preston St.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 3 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (122a) Reg. Dist. No. 30

## CERTIFICATE OF DEATH

05760

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution: Spring Grove State Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 yrs
(e) Length of stay in this community (yrs., mos., or days) Life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Georgetown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Henry W. Gardner

3 (b) If veteran, name war

3 (c) Social Security No.

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| M. | W. | Married |

6 (b) Name of husband or wife Katherine

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1872

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 6 | 5 | ____ hr. ____ min. |

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Bricklayer
11. Industry or business Trade
FATHER 12. Name Chas. Gardner
13. Birthplace Germany
MOTHER 14. Maiden Name Anna Mooney
15. Birthplace Germany
16 (a) Informant Hosp. records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/39 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.
18 (a) Funeral director Geo. E. Lehnert
(b) Address 2101 Pennsylvania Ave.
19 (a) 6/20/ (Date rec'd by registrar) (b) H. C. Lanahan Registrar
Deputy Local.

**MEDICAL CERTIFICATION**

20. Date of death June 18 1939, at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1936, to June 18 1939.
and that I last saw him alive on June 17 1939.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | Instant. |
| Due to Embolism | Instant. |
| Due to Operation for Strangulated Hernia | 1 day |
| Other conditions Lemphatic Leukemia | 3 yrs. |
| Salpingo-Oophoritis | 35 yrs. |

(Include pregnancy within 3 months of death)

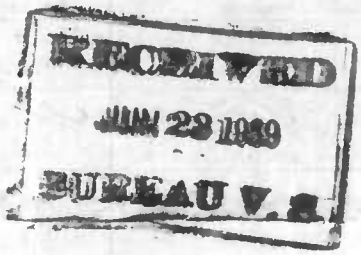
PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations Strangulated Femoral Hernia (rt)
Of autopsy None performed

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Silas W. Wellmer M.D.
M. D. or other
Address Spring Grove Hosp Catonsville Md Date signed 6/19/39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JUN 28 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05761

**1. PLACE OF DEATH** (46C)

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Sister Mary Rosalita Geary

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12 - 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lonaconing (State or country) Md.

FATHER

13. NAME Martin Geary

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Fitzpatrick

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Sister M. Bilhildis (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date June 26th, 1939

19. UNDERTAKER Geo M Fink & Son (Address) 811 N Wolfe St

20. FILED 6/26/39, 19 W M Hammett Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to June 24, 1939.

I last saw her alive on June 21, 1939; death is said to have occurred on the date stated above, at 2.48 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma intestinal | |

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address)

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 9 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05762

**1. PLACE OF DEATH**

County Balto. Registration Dist. No. 31

Village or City Woodlawn-Larchmont No. 6025 Gwynn Oak Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Ernest L. Gorsuch If U. S. Veteran, specify WAR

(a) Residence: No. 6205 Gwynn Oak Ave St. Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Ellen Gorsuch

6. DATE OF BIRTH (month, day, and year): Sept. 8, 1869

7. AGE: Years 69 | Months 9 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cotton Goods Broker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oxford Md.

FATHER

13. NAME: James Gorsuch

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah J. Plummer

16. BIRTHPLACE (city or town) (State or country): Bailey's Neck Md.

17. INFORMANT (Address): Mr. Howard Gorsuch 3242 Normount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: London Park Date: June 22, 1939

19. UNDERTAKER (Address): Wm. Pickner Sons North & Paines

20. FILED: Jun 19 1939 J. J. Milton-Piel Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to 6/19, 1939.

I last saw him alive on 6/19, 1939; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 6/18 |

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. A. Reifschneider M. D.

(Address) 104 W. Madison St.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED JUL 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mr. Melton Tiel

General Store

Dr. Chas. Reifschneider
1914 W. Madison

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C

05763

# CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: BALTIMORE

City or town: RURAL NEAR SPARROWS POINT
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: NORTH POINT RD BOX 275 ROUTE 10

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 YRS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: MD County: BALTIMORE

City or town: RURAL NEAR SPARROWS POINT Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: NORTH POINT RD BOX 275 Rout 10
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** SOPHIA GOULD

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | W | WIDOWED |

6 (b) Name of husband or wife: HORACE W. GOULD

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): JUNE 14, 1856

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 83 | 0 | 14 | hrs. min. |

9. Birthplace: BALTIMORE Co MD
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at Home.

FATHER
12. Name: JOSHUA PYEELING
13. Birthplace: IRELAND

MOTHER
14. Maiden name: unk
15. Birthplace: unk.

16. Informant: FREDERICK GOULD

Address: NORTH POINT RD BOX 275 Rout 10

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JULY 1 1939 (month) (day) (year)

Cemetery or crematory: MT. OLIVET

Location: BALTIMORE CITY

18. Funeral director: WILLIAM COOK

Address: 1217 ST. PAUL ST

19. June 28 1939 (Date rec'd by registrar) Miller M Donelson Local Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1939, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1939, to June 28 1939 and that I last saw h alive on June 26 1939

Immediate cause of death: Arteriosclerosis - C-V-R. Disease. — DURATION: 10 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M D Davis M.D.

Address: Churchville-Dundalk M. D. or other

Date signed: 6/28/39

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JUL 3 1939
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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (97)

05764

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

**1. PLACE OF DEATH:**
County Baltimore
City or town Boring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Boring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H. Grothe

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
8 (b) Name of ~~husband~~ or wife Ada O Grothe
6(c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) May 22-1848
8. AGE: Years 91 Months 1 Days 8 If less than one day ___ hrs. ___ min.
9. Birthplace Reuna (Town, county, and state)
10. Usual occupation Retired farmer
11. Industry or business
FATHER 12. Name Henry Grothe
13. Birthplace Germany
MOTHER 14. Maiden name Unknown
15. Birthplace Germany
16. Informant Mr Elisha Grothe
Address Boring Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2-1939 (month) (day) (year)
Cemetery or crematory St Paul's
Location Arcadia Md
18. Funeral director Edw C Tipton
Address Hampstead Md
19. July 1st 1939 (Date rec'd by registrar) 19 J. Frank Miller Ens Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1939, at 7:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1939, to June 30th 1939, and that I last saw him alive on June 30th 1939.

Immediate cause of death Acute Pneumatic Nephritis — DURATION 1 yr
Due to Arteriosclerosis 1 yr
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of No
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE J. Frank Miller Ens M. D. or other
Address Reisterstown Ens Date signed 7/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05765

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH**

County Baltimore

City or town Catonsville Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 14 Montrose Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Md. County Baltimore

City or town Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 14 Montrose Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Mary E. Haines

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6 (b) Name of husband ~~or wife~~ Milton T. Haines

Husband 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19 - 1864

8. AGE: Years 74 | Months 8 | Days 8 | If less than one day hrs. min.

9. Birthplace Carroll Co. Md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER 12. Name Shepherd Wood

FATHER 13. Birthplace Carroll Co. Md.

MOTHER 14. Maiden name Martha Price

MOTHER 15. Birthplace Carroll Co. Md.

16. Informant Mrs. Howard Reese

Address New Windsor, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30-39 (month) (day) (year)

Cemetery or crematory Pipe Creek Cem.

Location Near Uniontown Md

18. Funeral director W. O. Hartzler & Son

Address New Windsor, Md.

19. 6/28/1939 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1939 to June 27 1939, and that I last saw h~~er~~ alive on June 27 1939

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 1 day |
| Due to | |
| Due to Myocarditis (Chr) | 8 yrs |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN** Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E Stowell M. D. or other

Address Catonsville Date signed 6/28/39

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JUL 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05766

Reg. Dist. No. 38

**1. PLACE OF DEATH:**
County Balto
City or town ~~Riderwood~~ Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution.~~ 7 W. Chesapeake Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Balto
City or town Riderwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stella R. Hare

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband ~~or wife~~ Albert R Hare
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 3rd 1886
8. AGE: Years 53 Months — Days 13 If less than one day hrs. min.
9. Birthplace Rockland Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name J Thomas Staines
13. Birthplace Rockland Md
MOTHER 14. Maiden name Mary C. Smith
15. Birthplace Rockland Md
16. Informant Albert R Hare
Address Riderwood Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)
Cemetery or crematory Bulters Balto Co
Location
18. Funeral director Schenaweth Sons
Address 3610 Chestnut Ave
19. June 19 1939 (Date rec'd by registrar) W Carroll Van Horn Deputy Co Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1939, at 2 P M
21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death occurred suddenly in A & P Store Towson Md caused by rheumatic heart disease, decompensation heart
Due to
Due to failure
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION
May 1936 to Jun 16 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. T. Wyse Deputy P. M. Examiner M. D. or other
Address Pikesville Md Date signed Jn 17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05767

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH** (92a)

County Baltimore — Registration Dist. No. 44

Village or City 709 I Street — No. Sparrows Point (St.), — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Andrew Leroy Harris

(a) Residence: No. 709 I Street St., Ward.

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | A. A. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 15, 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 27 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lumper Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Maryland

FATHER

13. NAME Joseph Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Hill

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edward Harris (Address) 420 Hocker Street

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Comty Date June 30, 1939

19. UNDERTAKER Archibald C. Gaddes (Address) 2101 McCulloh St.

20. FILED June 30, 1939 Dawson T. Harber Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1939, to June 29, 1939

I last saw him alive on June 28, 1939; death is said to have occurred on the date stated above, at 7:15 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | June 28 |
| Exhaustion | June 23 |
| Epileptic attacks | June 23 |
| Other **Contributory Causes** of importance: | |
| Chronic Valvular Disease | 1938 |
| Chronic epilepsy | 1919 |
| Mental deficiency | 1914 |

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) T. D. Thifer M. D.

(Address) 1422 E. Chase St.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

T. D. Thifer

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gostroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186a)

05768

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

**1. PLACE OF DEATH:**
County Rusterdown Balt Co
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Carroll
City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural - 1½ miles from Town.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Hess

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb. 10. 1921
8. AGE: Years 18 Months 4 Days 17 If less than one day hrs. min.
9. Birthplace Taneytown - Carroll Co. Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm.
FATHER 12. Name Jacob Hess.
13. Birthplace Taneytown. Md.
MOTHER 14. Maiden name Sarah Lockner.
15. Birthplace Taneytown. Md.
16. Informant Jacob. Hess.
Address Westminster Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30. 1939 (month) (day) (year)
Cemetery or crematory Mt. Union
Location Near Union Bridge. Md.
18. Funeral director D. D. Hartzler & Sons
Address New Windsor & Union Bridge. Md.
19. 6/29 1939 (Date rec'd by registrar) Dr. E. E. Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939 Am. 10-4 m
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19
Immediate cause of death Injuries, possible fracture of skull due to falling from
Due to roof in barn on farm of Geo Roberts
Due to attended by Dr Clifford M Talor
Other conditions of Westminster
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 6-27-39
Where did injury occur? Westminster (City or town) Carroll (County) Md (State)
Injured at home, farm, industry, public place (where?) on farm
Means of injury fall Injured at work? yes
W T O Myer Dept P.M. Exam
23. SIGNATURE M. D. or other
Address Pikesville Md Date signed 6-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

05769

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Baltimore (82a) Registration Dist. No. 38

Village or City Towson No. 520 W. Alleghany Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

**2. FULL NAME** Harry W. Hook

(a) Residence: No. 520 W. Alleghany Avenue St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cavanaugh Whinnery

6. DATE OF BIRTH (month, day, and year): --------

7. AGE: Years 71; Months ---; Days ----; If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cockeysville Maryland

FATHER

13. NAME: Crumberland Hook

14. BIRTHPLACE (city or town) (State or country): --------- Maryland

MOTHER

15. MAIDEN NAME: ------- Lee

16. BIRTHPLACE (city or town) (State or country): --------- Maryland

17. INFORMANT (Address): Mrs. Cavanaugh W. Hook, 520 W. Alleghany Ave., Towson

18. BURIAL, CREMATION, OR REMOVAL Place: Slate Ridge, Pa Date: 6/28, 1939

19. UNDERTAKER (Address): Henry W. Mears and Son, 805 N. Calvert St.

20. FILED: June 27, 1939 D. Carroll Van Horn, Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939, to June 26, 1939

I last saw h____ alive on June 26, 1939; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | June 25 |
| | |
| | |
| | |
| Other Contributory Causes of Importance: | |
| arteriosclerosis | ? |
| Hypertension | |

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. E. Proctor M.D. M. D.

(Address) 701 Cathedral St.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED JUL 6 1927 BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

05770

# CERTIFICATE OF DEATH

(50)

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Baldwin P.O.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 6 mon.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Baltimore

(c) City or town Baldwin P.O., Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura May Hook

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James Henry Hook

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1866

8. AGE: Years 73 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Strickland
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Catherine A. Stall
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Kenneth Marshall
(b) Address Baldwin P.O., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director John Burns Sons

(b) Address Towson, Md.

19 (a) 6/16/39 (Date rec'd by registrar) (b) W. M. Hammett Registrar

## MEDICAL CERTIFICATION

20. Date of death June 15, 1939, at 5:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938 to June 15 1939 and that I last saw him alive on June 13 1939.

| Immediate cause of death | Duration |
|---|---|
| Coxinoma of Breast | 10 mos. |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel of St. Thos. Jenifer M. D. or other

Address Towson, Md Date signed 6/15/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1939
BUREAU V. S.

05771

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

## CERTIFICATE OF DEATH

Reg. Dist. No. 41

**1. PLACE OF DEATH:**
County Balto
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: Bear Creek Paradise Park
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County [redacted]
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3608 E. Lombard St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thelma May Hopkins

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single dont know
6 (b) Name of husband or wife —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Apr 20 — 1923

8. AGE: Years 16 Months 1 Days 21 If less than one day ____ hrs. ____ min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual occupation ?
11. Industry or business ?
FATHER 12. Name Samuel Hopkins
13. Birthplace Baltimore Md
MOTHER 14. Maiden name Mary McElwee
15. Birthplace ?
16. Informant John Albert Mason
Address Bear Creek, Dundalk
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Mt Carmel
Location Baltimore Md
18. Funeral director William Cook
Address 1217 St Paul St
19. June 12 1939 (Date rec'd by registrar) Milton M Smulson Deputy Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1939, at 3.40 PM.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19____, to ____ 19____, and that I last saw h____ elive on ____ 19____.
~~Immediate~~ cause of death was accidental drowning
There was no boat involved. S.W.G.R.
Due to Deceased and two friends were in swimming, in Bear Creek, Dundalk,
Due to Baltimore County, Maryland.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no operation
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of Jun 11-39
Where did injury occur? Dundalk (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury drowning Injured at work?

23. SIGNATURE W. P. E. Muse Deputy P. M. Examiner M. D. or other
Address Pikesville Md Date signed 6-11-39
W. M. Carmine Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 17 1930
BUREAU W. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05772

Reg. Dist. No. 44

**1. PLACE OF DEATH:**
County Balto
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Balto
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Wm Hoffp,

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | unknown |

6 (b) Name of husband or wife unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| about 50 | | | hrs. min. |

9. Birthplace
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business farm

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant Mr Stenning & Police
Address Essex Balto Co Md

17. Burial Date thereof 6/7/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Tefos Alms House
Locaflon Tefas, Md.
18. Funeral director John G. Connelly
Address Essex, Md.

19. 6/7/39 19 John G. Connelly
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH June 5th 1939, at 5a m

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ; ~~and that I last saw h~~ alive on 19

Immediate cause of death Coma probably Cerebral Hemorrhage
Antecedent Causes Fallen
Due to Due from Mr Stenning
Essex Balto Co Md
Due to
Other conditions

DURATION

(Include pregnancy within 3 months of death)
Major findings:
Of operations No operation
Of autopsy No Autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. Simpson for Frank Leo M. D. or other
Address Timonium Md Date signed June 5-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1989
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (11-21) Reg. Dist. No. 33

## CERTIFICATE OF DEATH

05773

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Charles Cahoon Howard

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1865

8. AGE: Years 74 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Sparks, Balto. Co., Md. (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name Jarrett Howard
13. Birthplace Sparks, Balto Co. Md

MOTHER 14. Maiden Name Susan Cahoon
15. Birthplace North Point, Balto Co, Md.

16 (a) Informant Mrs. Rose Howard
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1939 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Cockeysville, Md.

18 (a) Funeral director Landon M. Bowles
(b) Address Sparks Maryland

19 (a) June 6 1939 (Date rec'd by registrar) (b) J. Grant Smith Registrar

**MEDICAL CERTIFICATION**

20. Date of death 6/5/39, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2-39 to 6-5-39, and that I last saw him alive on 6-5-1939.

| Immediate cause of death | Duration |
|---|---|
| Pneumonia Bronchial | 7 days |
| Due to Influenza | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James L. Schell M. D. or other
Address Reisterstown Md. Date signed 6/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (32)

Reg. Dist. No. 41

05774

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Balto.
(b) City or town Dundalk Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 17 Townships
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Balto.
(c) City or town Dundalk Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Anthony Hughes

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Margaret Hughes

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8-1871

8. **AGE:** Years 67 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Wm H. Hughes
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Inzer
15. Birthplace Md.

16 (a) Informant Mrs. Theresa Fisher
(b) Address 17 Townships Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June-5-1939 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave

18 (a) Funeral director John G. Connelly
(b) Address Essex Md.

19 (a) 6/5/39 (Date rec'd by registrar) (b) Thelma V. Mudan Deputy Registrar

### MEDICAL CERTIFICATION

20. Date of death June 2 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1937, to June 2 1939, and that I last saw him alive on June 2 1939.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis and myocardial degeneration | 3 years. |
| Due to Hypertension | |
| Cardiac hypertrophy | |
| Due to Acute cardiac dilatation | |
| at time of death | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** A. W. Reier M.D.
M. D. or other
Address Dundalk Md Date signed 6-5-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 3 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-3) Reg. Dist. No. 31 05775

## CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 hrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Baltimore
(c) City or town Randallstown Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Chapman Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** William Lloyd Jones

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 12 1939

8. **AGE:** Years | Months | Days | If less than one day 5 hr. 40 min.

9. Birthplace Randallstown Balto Co Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lloyd A Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Edna L Lowe
15. Birthplace Virginia

16 (a) Informant Lloyd A Jones
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1939 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Granite Md

18 (a) Funeral director Lloyd A Jones (Father)
(b) Address Randallstown Md

19 (a) June 13 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

### MEDICAL CERTIFICATION

20. Date of death June 12 1939, at 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

| Immediate cause of death | Duration |
|---|---|
| Patent foramen ovale | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm E Martin M. D. or other
Address Randallstown Date signed 6/12/39

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JUL 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05776

(95P)

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 42

Village or City Arbutus No. Sulphur Spring Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** William F. King

(a) Residence: No. Sulphur Spring Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ late Evaline V. King

6. DATE OF BIRTH (month, day, and year) Feb 17-1867

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Machinist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. (Retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George King

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Stivers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Walter S. LeCompte (Address) Sulphur Spring Rd

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date June 14, 1939

19. UNDERTAKER Geo L. Beyer Jr (Address) 1512 Hollins St

20. FILED June 16, 1939 Geo W Kuffe Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 11th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to June 11, 1939

I last saw him alive on June 11, 1939; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-sclerosis | ? |
| Other Contributory Causes of importance: Hypertensive Cardio-Renal Disease | 1936 |

Name of operation Date of

What test confirmed diagnosis? Signs & lab Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William S. Triplett M. D.

(Address) 1326 W. Lombard St

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05777

(131)

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 1 mos. 14 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Elizabeth S. Klaus, If U. S. Veteran, specify WAR ...

(a) Residence: No. 2705 Edmondson Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Klaus,

6. DATE OF BIRTH (month, day, and year) January 23, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 79 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Baltimore Md.

FATHER

13. NAME August Muthert,

14. BIRTHPLACE (city or town) ... (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth La Porte,

16. BIRTHPLACE (city or town) ... (State or country) Baltimore Md

17. INFORMANT Edward Klaus,
(Address) 2705 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 26, 1939

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED 6/26/39, 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**
June (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August, 1935, to June 24, 1939

I last saw h[er] alive on June 23, 1939; death is said to have occurred on the date stated above, at 8:15 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized arteriosclerosis | 4 Years |
| with hypertension | 4 Years |
| chronic nephritis | 4 Years |
| Chronic myocardial & Endocardial disease with congestive failure | duration |

Other Contributory Causes of importance:

Name of operation ... Date of ...

Whet test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) W. Winchel M. D.

(Address) 2901 Edmondson ave.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 9 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

## CERTIFICATE OF DEATH

05778

599 Reg. Dist. No. 44

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**

County Essex

City or town Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Frankstyn Ave

Stay in hospital or Inst. (yrs., or mos., or days) 3 months

Stay in this community (yrs., or mos., or days) 4 weeks

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County

City or town Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Essex Maryland.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

**3. (a) FULL NAME** Elvina Knight

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6 (b) Name of husband or wife Thomas F. Knight

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) November 20-1887

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 52 | 7 | 5 | hrs. min. |

9. Birthplace Waverly Baltimore Md. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name John J. Eccleston

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden name Miriam Slaymaker

MOTHER 15. Birthplace Baltimore Maryland

16. Informant Thomas F. Knight

Address Baltimore Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27-39 (month) (day) (year)

Cemetery or crematory Ebenezer Cem.

Location Chase Maryland

18. Funeral director Harry N. Armacost

Address 4204 Ridgewood Ave.

19. June 25 1939 (Date rec'd by registrar) John G. Cornell Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1939, at 4 35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1939 to June 25 1939, and that I last saw her alive on June 24 1939.

| | DURATION |
|---|---|
| Immediate cause of death Intestinal obstruction | 2 wks |
| Due to Carcinoma of uterus | 1937 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of uterus

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George H. Lains M.D.

M. D. or other

Address Essex Md. Date signed 6/25/39

RECEIVED
JUL 5 1929
BUREAU V. S.

05779

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

(820)

County Baltimore Registration Dist. No. 30

Village or City Edmondson Ridge No. 22 Overbrook Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Emma Marie Knobeloch If U. S. Veteran, specify WAR .....

(a) Residence: No. 22 Overbrook Rd St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank W. Knobeloch

6. DATE OF BIRTH (month, day, and year): May 15 - 1858

7. AGE: Years 81 | Months — | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph Beis

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas Knobeloch

(Address) 2 0 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 10, 1939

19. UNDERTAKER: John Ulrich

(Address) 2008 Orleans

20. FILED 6/9, 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 7th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on June 5th, 1939; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Hemiplegia | May 5th 1939 |
| Cerebral hemorrhage, three days. | |
| C.W.R. | |

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation not any Date of .....

What test confirmed diagnosis? Personal observation Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19.....

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm Conrad Bode M. D.

(Address) 1900 Maryland Ave

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Preeise statement of oeeupation is very important, so that the relative healthfulness of various pursuits ean be known. Make some entry in this seetion for every person aged 10 years or over. If the deeeased had retired from business, report the oeeupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only oeeupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestie service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no oeeupation whatever write none.

To be eomplete, an oecupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in whieh the work was done.
10.—The month and year the deceased last worked at the oecupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ete. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of sueh general terms as "store," "faetory," "mill," ete. State the partieular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ete.

Distinguish carefully the different kinds of engineers by stating the full deseriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more preeise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complieation which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid eonditions, if any, related to the prineipal eause and any important complication of the principal eause. Under other eontributory causes of importanee, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importanee were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
JUN 15 1939
BUREAU V. S.

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

05780

## CERTIFICATE OF DEATH

(160-b)

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Spurrow's Point Rural #10 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md (b) County Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. Spurrow Point Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Junior Kraemer

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24th 1939

8. AGE: Years | Months | Days | If less than one day 3½ hr. min.

9. Birthplace Spurrow's Point Rural (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Charles Wm. Kraemer

13. Birthplace Balto Md

MOTHER

14. Maiden Name Cavoila Melvina Masson

15. Birthplace Balto Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-26 1939 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Odonnell St

18 (a) Funeral director Lifly & Teiler / NC

(b) Address 403 S. Wolfe St.

19 (a) June 26-39 (Date rec'd by registrar) (b) Dawson L. Farber Dep. Registrar

### MEDICAL CERTIFICATION

20. Date of death June 24th 1939 at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7-20 1939, to June 13-20 1939, and that I last saw him alive on June 24th 1939.

Immediate cause of death: Injury to head from use of Instruments — Duration: 4 hrs

Due to Faulty Presentation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —

(a) Accident, ~~suicide~~, or ~~homicide~~ —

(b) Date of occurrence June 24th 1939

(c) Where did injury occur? Spurr Point (City or town) Balto (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —

(e) Means of injury Obstetrical. Instruments

23. Signature Frank C Eldred M.D. (M. D. or other)

Address Spurrow Point Date signed 6-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 5 1929
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05781

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:** Baltimore
County
City or town Overlea
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 2 E. Maple Av
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 30 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Overlea Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2 E. Maple Av
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Marie Caroline Augusta Gindt

**3. (b) Social Security Number**

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife: Frederick W. Gindt

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 6, 1855

8. AGE: Years: 83 | Months: 6. | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: Daniel Isenhauer
13. Birthplace: Germany

MOTHER
14. Maiden name: Elizabeth Heck
15. Birthplace: Germany

16. Informant: Mrs. Minnie Wm Schroeder
Address: 2 E. Maple Av

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6, 1939 (month) (day) (year)
Cemetery or crematory: Baltimore Cemetery
Location

18. Funeral director: John U. Ulrich
Address: 2008 Orleans St

19. 6/3 1939 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1939, at 7:20 A.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from March 1 1939, to June 3 1939, and that I last saw h alive on June 1 1939.

Immediate cause of death: Cardiac Asthenia — DURATION: 1 yr.
Due to
Due to
Other conditions: Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Gustav A. Drath M.D. or other
Address 6801 Belair Rd — Date signed 6/3/39

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JUL 7 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05782

**1. PLACE OF DEATH** (108)

County Baltimore County Registration Dist. No. 33

Village or City Reisterstown Md. No. 202 Main St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? — yrs. mos. ds.

**2. FULL NAME** Fannie S. Lockard If U. S. Veteran, specify WAR —

(a) Residence: No. 202 Main St St., Ward. Reisterstown Md

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aler Lockard

6. DATE OF BIRTH (month, day, and year) Nov. 9 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

FATHER

13. NAME John Henry Beckley

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

MOTHER

15. MAIDEN NAME Christianne Alder

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Christine Naylor Jones (Address) 302 Gittings Ave. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury M E Cem Date June 27, 1939

19. UNDERTAKER J. F. Elim & Sons (Address) Reisterstown Md

20. FILED June 26 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to June 24, 1939

I last saw her alive on June 24, 1939; death is said to have occurred on the date stated above, at 9 00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1- Arteriosclerotic Cardiovascular disease c̄ auricular fibrilation | ? |
| 2- Terminal Pneumonia - lobar | 6-24-39 |

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stephen C. Mackowiak M. D.

(Address) German Hill Road Dundalk, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
JUL 5 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# HEALTH DEPARTMENT—CITY OF BALTIMORE

05783

## CERTIFICATE OF DEATH

(93-C)

**1. PLACE OF DEATH**

Registered No. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Boyce Ave Ruxton Md Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Ellen George Love

If U. S. Veteran specify WAR .....

(a) Residence: No. Boyce Ave Ruxton Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single,~~ Married, ~~Widowed,~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, ~~widowed,~~ or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John T. Love

6. DATE OF BIRTH (month, day, year) July 9, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 11 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. J. George

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME C. Jenkins

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT John T. Love
(Address) Boyce Ave Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL.
Place Lorraine Ridge Date June 12th 1939

19. UNDERTAKER H W Jenkins & Co
(Address) Orchard - Mt Colloh Ky

20. FILED June 10, 1939 [signature] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1939, to June 9, 1939.
I last saw her alive on June 9, 1939. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | years |
| Arteriosclerosis | " |
| Coronary thrombosis | 3 weeks |
| Chr. myocarditis | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) [signature] M. D.

(Address) 1 E. Eager St

VS 3

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] OF DEATH in plain terms, so that it may be properly classified. [illegible] statement of OCCUPATION is very important. See instructions on back of certificate.

(T)

Dr Rutledge 186 Eager St

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

### Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 5 1933 BUREAU OF

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

# CERTIFICATE OF DEATH

05784

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. de Sales

Stay in hospital or inst. (yrs., or mos., or days): 57 years

Stay in this community (yrs., or mos., or days): Lifetime

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mt. de Sales

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

**3. (a) FULL NAME:** Sister Mary Agnes Mactavish

**3. (b) Social Security Number:** None.

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1855

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 8 | 3 | hrs. min. |

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Religeuse

11. Industry or business: Nunnary

FATHER 12. Name: Charles Carroll Mactavish

FATHER 13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden name: Marcella Scott

MOTHER 15. Birthplace: Richmond, Va.

18. Informant: Mother Superior

Address: Mt. de Sales

17. [illegible] (Burial, cremation or removal) which? Date thereof June 30, 1939 (month) (day) (year)

Cemetery or crematory: Mt. de Sales Cem

Location: Catonsville Md.

18. Funeral director: Easton Bros

Address: Elkridge

19. 6-29 1939 (Date rec'd by registrar) [illegible] Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: June 28, 1939, at 10.10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15, 1939 to June 28 1939, and that I last saw her alive on June 28 1939.

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerosis | ? |
| Due to: Debility of aged | |
| Due to: | |
| Other conditions: Herpes Zoster | 6 Wks |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Catonsville, Md. Date signed 6/29/39

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JUL 3 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05785

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## 1. PLACE OF DEATH

(23)

County Baltimore Registration Dist. No. 738

Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Ethel Marion Franck If U. S. Veteran, specify WAR

(a) Residence: No. 33 Cardwell Ave Fulton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl Franck

6. DATE OF BIRTH (month, day, and year) Oct. 3rd 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

FATHER

13. NAME Frederick Lange

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER

15. MAIDEN NAME Mabel Beutler

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Personal History--Hospital Records
Address Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date June 29 1939

19. UNDERTAKER Frederick Lumkin & Sons
(Address) 7401 Belair Road

20. FILED 6/28 1939 A. M. Bacon
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 26 (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 20 1939 to May 26 1939

I last saw h[er] alive on May 25 1939; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | March 1939 |

Other Contributory Causes of Importance:

T. B. Laryngitis.

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of injury

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify

(Signed) C. A. Bridges M. D.

(Address) Towson, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 5 1929
U. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (922) Reg. Dist. No. 31

## CERTIFICATE OF DEATH

05786

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Granite (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Howard
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Rockland near Ellicott City (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Elizabeth J Mason

3 (b) If veteran, name war

3 (c) Social Security No.

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| Female | White | married |

6 (b) Name of husband or wife Edward M Mason

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 26 1870

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 9 | 10 | ____ hr. ____ min. |

9. Birthplace Woodstock Balto Co Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joseph Nash
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Albright
15. Birthplace Maryland

16 (a) Informant Edward M Mason
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1939 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Cem
Location Granite

18 (a) Funeral director J C Higinbotham
(b) Address Ellicott City Md

19 (a) June 6 1939 (Date rec'd by registrar) (b) Wm B Martin Registrar

### MEDICAL CERTIFICATION

20. Date of death June 6 1939, at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1939, to June 6 1939, and that I last saw him alive on June 5 1939.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | 3 days |
| Due to Chr Valv Heart Disease | |
| Due to | |
| Other conditions Arteriosclerosis | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Martin M. D. or other
Address Randallstown, Md Date signed 6/6/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUN 16 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05787

(M)

**1. PLACE OF DEATH** (93-C)

County Baltimore Registration Dist. No. 38

Village or City Anneslie No. 519 Regester Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Joseph F. Mason If U. S. Veteran, specify WAR ____

(a) Residence: No. 519 Regester Ave St., Ward. ____ If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Mason

6. DATE OF BIRTH (month, day, and year) April 5-1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 77 | 2 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Black smith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Shop

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME John W. Mason

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Louisa Phelps

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT (Address) Mrs. Clarance C. Foreman 519 Regester Ave

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill Cem. Date June 24, 1939

19. UNDERTAKER (Address) Philip Herwig Sons 2016 O'Leary St

20. FILED June 23, 1939 W. Carroll Van Horn Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to June 19, 1939

I last saw him alive on June 19, 1939; death is said to have occurred on the date stated above, at 4:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic C.V. disease | ? |
| Hypertension | ? |
| Chronic Myocarditis | ? |

Other Contributory Causes of Importance:

| | |
|---|---|
| Acute Myocardial Insuff. | 6/22/39 |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Howard L. Zupnik M. D.

(Address) 427 Hopkins Road

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 5 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 38

05788

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Idlewylde (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 913 Arron Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Baltimore

(c) City or town Idlewylde (If outside city or town limits, write RURAL and give town)

(d) Street No. 913 Arron Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah Agnes McCleary

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Robert C. McCleary

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1862

8. AGE: Years 76 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Hanover Jct. York Co., Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER

12. Name Josiah Henry

13. Birthplace York Co., Pa.

MOTHER

14. Maiden Name Unknown

15. Birthplace Pa.

16 (a) Informant Mr. Harry R. McCleary

(b) Address 913 Arron Rd., Idlewylde

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1939 (month) (day) (year)

(c) Cemetery or crematory Shaffer's Union Cem.

Location Hanover Jct., Pa.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) June 19/39 (Date rec'd by registrar) (b) [illegible] Registrar

## MEDICAL CERTIFICATION

20. Date of death June 18, 1939, at 5:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1939, to Jun 18 1939 and that I last saw him alive on Jun 15, 1939.

Immediate cause of death Cerebral hemorrhage

Due to Arterial Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 20 days

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm H Pearce M. D. or other

Address 2105 Charles St Date signed Jun 19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1989
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05789

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 35

Village or City Freeland ND. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Still Born McCormick

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) June 29 1939

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupetion (month end year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Ray McCormick

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ollie Virginia Dowell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT George Ray McCormick (Address) Freeland Md

18. BURIAL, CREMATION, OR REMOVAL Place Home Date June 30, 1939

19. UNDERTAKER George Ray McCormick (Address) Freeland Md

20. FILED June 30, 1939 Samuel B. Miller Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) — 29 (Dey) — 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939, to June 29, 1939

I last saw her alive on —, 19—; death is said to have occurred on the date stated above, at 4,00a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth. | |
| (2 mo. Gestation) | |
| Other Contributory Causes of importance: | |
| drunkenness. | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If deeth was due to externaf causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way releted to occupation of deceased? No.

If so, specify —

(Signed) J. L. Gagle M. D.

(Address) New Freeland Pa.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED
AUG 5 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-d) 602

05790

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:**
County Baltimore County
City or town Bear Creek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County City of Balto
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 32 S. Carrollton Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

**3. (a) FULL NAME** Wm J Mc Meehan

**3. (b) Social Security Number** 705-09-1756

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of ~~husband~~ or wife Bessie Mc Meehan

6(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) June 27th 1899

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| ~~#0~~ 39 | 11 | 28 | hrs. min. |

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual occupation Engineer

11. Industry or business B&O R.R.

FATHER 12. Name Wm Mc Meehan

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden name Louise Sauerwald

MOTHER 15. Birthplace Baltimore Md

16. Informant Mrs Bessie Mc Meehan

Address 32 S. Carrollton Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28-1939 (month) (day) (year)

Cemetery or crematory London Park Cem

Location Frederick Road

16. Funeral director John Cowan & Son

Address 901 Holley St.

19. June 26 1939 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1939, at 8-30 pm

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death Accidental drowning — DURATION

Due to falling overboard from boat

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No Autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 6-25-39

Where did injury occur? Bear Creek Balto Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

W. P. O. Mse Dep. P. M. Essex

23. SIGNATURE Dr. Sowers Md M. D. or other

Address Date signed 6-26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
OCT 30 1900
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05791

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Baltimore
City or town Clarks Point, Berger
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Lot No 16
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Since Sept 38

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Clarks Point, Berger Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Lot No 16
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Geo C. Munderlein
3. (b) Social Security Number 213-18-1631

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife Lavinia Hamilton
6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1883

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 10 | 4 | hrs. min. |

9. Birthplace Balto Md
(Town, county, and state)
10. Usual occupation Engineer, Marine
11. Industry or business Atlantic Transportation Co
FATHER 12. Name Philip Munderlein
FATHER 13. Birthplace Balto Md
MOTHER 14. Maiden name Virginia Forschud
MOTHER 15. Birthplace Baltimore Md
16. Informant his wife Lavinia
Address Clarks Point, Berger
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-15-1939 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Belair Road
18. Funeral director Lilly & Zeiler INC.
Address 403 S. Wolfe St.
19. June 14 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1939, at 10:10 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__

| Immediate cause of death | DURATION |
|---|---|
| Death occured from | |
| Due to heart disease | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. C. Leipsic P.M. Gastroenterologist M. D. or other
Address Brunswick Md Date signed 6-12-39

VS/A15

RECEIVED
JUN 23 1900
BUREAU V. E.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05792

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Sister Mary Appronia Merkel

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 87 | 6 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh (State or country) Pa.

FATHER

13. NAME Frank Merkel

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Catherine Reicher

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Sr. M. Bilhildis (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date June 17, 1939

19. UNDERTAKER Geo M. Frink & Son (Address) 811 N. Wolfe St

20. FILED 6/16/39, 19 W. M. Hammett Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 15, 1939

I last saw her alive on June 14, 1939; death is said to have occurred on the date stated above, at 9.50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Decompensation | |

Other Contributory Causes of importance:

Arterio Sclerosis and Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address)

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 8 BUREAU V. S.

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95-b)

05793

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Balto.

City or town Rossville,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Philadelphia Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Rossville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Philadelphia Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME**

Caroline Mohr

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6 (b) Name of husband or wife Henry W. Mohr

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7th, 1866

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 9 | 21 | hrs. min. |

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name John Brehm

13. Birthplace Germany

MOTHER 14. Maiden name Jeanette Lawrence

15. Birthplace Germany

16. Informant Mr. Raymond Mohr

Address Raspeburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2, 1939 (month) (day) (year)

Cemetery or crematory Zion Lutheran Cemetery

Location Stemmers Run, Md.

18. Funeral director F. Lansdale & Son

Address 7401 Belair Road.

19. July 1st 1939 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to June 28 1939, and that I last saw her alive on June 28 1939.

| | DURATION |
|---|---|
| Immediate cause of death Coronary Thrombosis | 2 weeks |
| Due to Arteriosclerotic Cardio vascular disease | 4 yrs |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry A. Sain M.D.
M. D. or other

Address Essex, Md. Date signed 6/28/39

RECEIVED
JUL 28 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05794

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Ellicott City No. Westchester Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** John Thomas Murphy

(a) Residence: No. Westchester Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of: Lucy Alvow Murphy

6. DATE OF BIRTH (month, day, and year): June 21, 1848

7. AGE: Years 91 | Months — | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Fireman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: B & O. R.R. Retired

10. Date deceased last worked at this occupation (month and year): 1910

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John T. Murphy

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Mary Ellen Sheehan

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Miss Victorine O. Murphy Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cem. Date: June 30, 1939

Harford Rd.

19. UNDERTAKER (Address): Easton Sons Ellicott City

20. FILED: 6/29, 1939 [signature] Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1/39, 1939, to June 28, 1939

I last saw him alive on June 27, 1939; death is said to have occurred on the date stated above, at 1 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchi. Pneumonia (Senile) | 1 wk. |

Other Contributory Causes of importance: Old age Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank O. Miller M. D.

(Address) Ellicott City Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
JUL 3 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

05795

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Near Kingsville Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Near Kingsville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Anine L. Pannill

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm C. Pannill Sr.

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 3 - 1866

8. AGE: Years 73 Months 2 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name Elisa H. Richardson
13. Birthplace New York

MOTHER
14. Maiden Name Mary J. Huntley
15. Birthplace New York

16 (a) Informant W. C. Pannill Jr.
(b) Address Hyde Md.

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof June 27-1939
(month) (day) (year)
(c) Cemetery or crematory Palmyra Va.
Location Orange Co. Va.

18 (a) Funeral director Clarence E. Arthur
(b) Address Fork Md.

19 (a) 6/27/39
(Date rec'd by registrar)
(b) W M Hammett
Registrar

MEDICAL CERTIFICATION

20. Date of death June 25, 1939, at 9 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1938, to June 25, 1939, and that I last saw him alive on June 25, 1939.

Immediate cause of death Carcinoma of Stomach — Duration 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford F. Hudson
M. D. or other
Address Fork, Md. Date signed 6/26/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 9 1969
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 37

05796

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Butler (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Cockeysville P.O.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 25-6-15

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Baltimore

(c) City or town Butler (If outside city or town limits, write RURAL and give town)

(d) Street No. Cockeysville R.O. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William F. Patterson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah E. C. Cole

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3, 1867

8. AGE: Years 72 Months — Days 30 If less than one day — hr. — min.

9. Birthplace Beckleysville, Balto Co., Md (Town, county, and state)

10. Usual occupation Feed Dealer & Miller

11. Industry or business

FATHER
12. Name Wm. F. Patterson, Sr.
13. Birthplace Beckleysville, Balto Co., Md

MOTHER
14. Maiden Name Rachel Jane Ensor
15. Birthplace Beckleysville, Balto Co., Md

16 (a) Informant Mrs. LeRoy Brown
(b) Address Cockeysville Balto Co., Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Upperco, Balto. Co., Md

18 (a) Funeral director Sandra M. Brooks

(b) Address Sparks Balto Co., Md

19 (a) June 3-39 (Date rec'd by registrar) (b) Wilmer O. Ensor, M.D. Registrar

### MEDICAL CERTIFICATION

20. Date of death June 2 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1937, to 6-2 1939, and that I last saw him alive on June 1st 1939.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 5-25-'39 |
| Due to Hypertensive C-V. Disease | 1938 |
| Due to | |
| Other conditions None. | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?

(e) Means of injury None

23. Signature D. D. Taylor, M.D. M. D. or other

Address Reisterstown, Md Date signed June 3 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ROME
JUN 8 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05797

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH** (939)

County Baltimore — Registration Dist. No. 41

Village or City Dundalk — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** MAGDALINE POLTL — If U. S. Veteran, specify WAR ____

(a) Residence: No. 2906 Dundalk Rd. St., ____ Ward. (Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, and year): 10-22-1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 83 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____ — 11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: ? Fox

16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT (Address): Frank Kuhn

18. BURIAL, CREMATION, OR REMOVAL — Place Mt. Calvary, Harrisburg, Penna. — Date 6-28-1939

19. UNDERTAKER (Address): J. A. Wiedeman, Steelton, Penna.

20. FILED 6/29/39 19 — W. M. Learmont, Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept. 10, 1937, to June 26, 1939

I last saw her alive on June 25, 1939; death is said to have occurred on the date stated above, at ____ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |
| Other Contributory Causes of importance: Arteriosclerosis | ? |
| Senility | ? |

Name of operation ____ Date of ____

Whet test confirmed diegnosis? Clinical — Was there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ____

Neture of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) A. W. Reiss, M. D.

(Address) Dundalk, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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JUL 9 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

# CERTIFICATE OF DEATH

05798

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Balto
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 617 York Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Balto
City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 617 York Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Webster Vernon Price

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | widower |

6 (b) Name of husband or wife Isabelle Kingston
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1893

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 46 45 | 9 | 12 | ____ hrs. ____ min. |

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual occupation Plumber
11. Industry or business General
FATHER 12. Name George M. Price
FATHER 13. Birthplace Baltimore Co.
MOTHER 14. Maiden name Missouri Albin Price
MOTHER 15. Birthplace Baltimore Co.
16. Informant Forrester Conn.
Address Balto Co.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1939 (month) (day) (year)
Cemetery or crematory Forrest Lawn
Location Balto Co., Md.
18. Funeral director John Burns Sons
Address Towson Md.
19. June 30 19 39 (Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH June 29 1939, at 4-15 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19____, to 19____, and ~~that I last saw him alive~~ on 19____.

Immediate cause of death Acute Alcoholism. I had not day him
Due to cause of the death was approx. by Dr. R. O. Pleiman, who has treated him for
Due to Other conditions Alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**DURATION**

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. O. Price Dept. P. M. Ex
M. D. or other
Address Towson Md Date signed 6-29-39

RECEIVED
JUL 5 1989
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05799

93-d

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Catonsville Manor No Carroll Ave Nr. Ingleside St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** W. Lawrence Pruitt If U. S. Veteran, specify WAR World

(a) Residence: No Carroll Ave Nr Ingleside St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aline Roberta (nee Chaney)

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Plumber

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Eugene R. Pruitt

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Cornthwaite

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Aline R. Pruitt (Address) Carroll Ave Nr. Ingleside

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 6/24/39, 19

19. UNDERTAKER Harry A. Weitzle (Address) 4101 Edmondson Ave

20. FILED 6/24, 19 39 H. L. Sandusky Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to June 27, 1939

I last saw him alive on June 21, 1939; death is said to have occurred on the date stated above, at 1.20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Aug 1938 |
| Other Contributary Causes of importance Myocarditis | |
| Hypertension | |

Name of operation Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard Kahn M. D.

(Address) 2027 W Saratoga

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

REGISTRY
JUN 29
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05800

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH** (92a)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Spring Grove State Hosp. St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Thomas Randall

(a) Residence: No. Hasse Drive Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | W | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 78 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Seaman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1934 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Mass

FATHER

13. NAME Daniel E Randal

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Hannah Forrest

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Record of Hospital (Address) Spring Grove State Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Spring Grove Date June 9, 1939

19. UNDERTAKER Spring Grove State Hosp (Address) Catonsville Md

20. FILED 6/9/39, 19 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on about 11 A.M., 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | ? |
| | |

Other Contributory Causes of Importance:

Coronary Thrombosis

Neme of operetion ... Date of ...

What test confirmed diegnosis? sudden death History ... Was there an autopsy? No

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? no Date of injury June 6, 1939

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way releted to occupation of deceased? no

If so, specify

(Signed) Geo. L. McEachern Deputy Medical Examiner Balto Co

(Address) 101 Lee Ave Catonsville Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other **contributory causes** of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other **contributory causes** of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-P)

# CERTIFICATE OF DEATH

05801

Reg. Diat. No. 44

**1. PLACE OF DEATH:**
County Baeto
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 9 Poplar Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Baeto
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 9 Poplar Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Mrs Wm Reuschling (Anna Reuschling) **3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or divorced |
|---|---|---|
| female | White | Married |

6 (b) Name of husband ~~or wife~~ William Reuschling
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 20 - 1879

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 9 | 9 | ____hrs. ____min. |

9. Birthplace Russia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant William Reuschling
Address Essex, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1 - 1939 (month) (day) (year)
Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd.
18. Funeral director John G. Connelly
Address Essex, Md.

19. June 30 1939 John G. Connelly
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1939, at 8 P M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19____, to ____ 19____, and ~~that I last saw him alive~~ on ____ 19____.

| Immediate cause of death | DURATION |
|---|---|
| Heart disease | |
| complicated by Bright's | |
| with High Blood Press. | |
| Due to She died Suddenly | |
| with no Dr having | |
| Due to Arm for about 2 wks. | |
| body very much ema- | |
| Other conditions ciated | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. P. O'Mara Dept P.M. Ex
M. D. or other
Address Riverview Md Date signed 6-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

05802

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:**

County: Baltimore

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7821 Cypress Ave.

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: W Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7821 Cypress Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** George Casper Roberts

**3. (b) Social Security Number:**

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Charlotte Young

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 30 - 1867

**8. AGE:** Years: 72 Months: 4 Days: 24 If less than one day: hrs. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: Laborer (Retired)

11. Industry or business:

FATHER

12. Name: Valentine Roberts

13. Birthplace: Germany

MOTHER

14. Maiden name: Mary J. Riley

15. Birthplace: Balto Co., Md.

16. Informant: Mrs. Charlotte Roberts

Address: 7621 Cypress Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/26/39 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cemetery

Location: Eastern Ave Rd.

18. Funeral director: John G. Connelly

Address: Essex Md.

19. 6/26 1939 (Date rec'd by registrar) John G. Connelly Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1939, at 11 20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to June 23 1939, and that I last saw him alive on May 24 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cardiac Decompensation | 3 mos |
| Due to Hypertension | years |
| Due to Chronic nephritis | years |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George H. Davis M.D. M. D. or other

Address: Essex, Md Date signed: 6/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05803

Reg. Dist. No. 35

**1. PLACE OF DEATH:**
County Balto
City or town White Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: White Hall Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Balto
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. White Hall Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Alexander Sanders

**3. (b) Social Security Number**

4. Sex: Male
5. Color or race: White
6. (a) Single, ~~married~~, widowed, or ~~divorced~~: widowed
6 (b) Name of husband or wife: Stengel
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): —

**8. AGE:** Years: 82 | Months: — | Days: — | If less than one day: — hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: farm

FATHER
12. Name: —
13. Birthplace: —

MOTHER
14. Maiden name: —
15. Birthplace: —

16. Informant: Edwin F Standiford
Address: White Hall
17. Brial (Burial, cremation, or removal. Which?) Date thereof June 12-39 (month) (day) (year)
Cemetery or crematory: Goodwill
Location: Rutledge Harford Co Md
18. Funeral director: C S Kurtz & Son
Address: Jarrettsville Md.
19. June 11 1939 (Date rec'd by registrar) Malvis Gortner M.D. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1939 1939, at 5-15 P M
21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Natural Causes, probably valvular heart disease
Due to: had not been seen by any Dr recently
Due to: was taken sick suddenly & passed
Other conditions: away in a few minutes
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. S. E. Myer Deputy Medical Examiner M. D. or other
Address: Sykesville Md Date signed 6-10-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 7 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05804

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Sister M. Bernwarda Schmerbeck

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 17, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 84 | 5 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Religious

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 8/1/5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester (State or country) New York

FATHER

13. NAME Lawrence Schmerbeck

14. BIRTHPLACE (city or town) Bavaria (State or country)

MOTHER

15. MAIDEN NAME Louise Michaels

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Sister M. Billhildis (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date June 19, 1939

19. UNDERTAKER Geo M. Frick & Son (Address) 811 N. Wolfe St.

20. FILED 6/19/39, 19 W. M. Hammett Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to June 17, 1939

I last saw her alive on June 14, 1939; death is said to have occurred on the date stated above, at 8.15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |

Other Contributory Causes of importance: Arterio Sclerosis and Hypertension

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) [signature] M. D.

(Address) ___

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05805

(95E)

Reg. Dist. No. 44

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Middle River (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Middle River Road.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Middle River Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Schultz

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Josephine Schultz
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March - 5 - 1882
8. AGE: Years 57 | Months 3 | Days 17 | If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Oren
FATHER
12. Name: Unknown
13. Birthplace: Germany
MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany
16. Informant: Mrs. Helen Walker
Address: Middle River Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/24/39 (month) (day) (year)
Cemetery or crematory: Family Burial Plot.
Location: Middle River Md.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 6/23 (Date rec'd by registrar) 1939 John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22nd 1939, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1939, to June 22 1939, and that I last saw him alive on June 22 1939.
Immediate cause of death ____ DURATION
Due to: Acute indigestion
Due to: Acute dilatation of heart.
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Harry Wall M. D. or other
Address: Middle River Date signed 6/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

05806

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH** (46-C)

County Balto. Registration Dist. No. 42

Village or City Arbutus No. First Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Frederick G. Seidel If U. S. Veteran, specify WAR

(a) Residence: No. First Ave St., Ward. (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma C. Ott Seidel

6. DATE OF BIRTH (month, day, and year): March 29, 1885

7. AGE: Years 54 Months 2 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Pharmacist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Louis Seidel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Emma C. Seidel (Wife) First Ave Arbutus

18. BURIAL, CREMATION, OR REMOVAL Place: London Pk Date: 6/7/39, 19

19. UNDERTAKER (Address): Harry H. Wittke 4101 Edmondson Ave

20. FILED: June 6, 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to June 4, 1939

I last saw him alive on June 4, 1939; deeth is seld to have occurred on the date stated above, at 2:00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia of Sigmoid | 7 |

Other Contributory Causes of Importance:

| | |
|---|---|
| Myocardial Failure | 1 month |
| Partial obstruction intestinal | 3 days |

Name of operation: Exp. laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Frederic V. Beyler M. D.

(Address) Medical Sta. Bedz.-Brew, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

05807

# CERTIFICATE OF DEATH

(82a)

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Simms Avenue & Joppa Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Balto.

(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(d) Street No. Simms Ave. & Joppa Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Benjamin W. Shanklin

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary E. VanHorn

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1854

8. AGE: Years 84 Months 7 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Balto. County, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Isaiah Shanklin

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Charles H. Adams

(b) Address Simms Ave., Fullerton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1939 (month) (day) (year)

(c) Cemetery or crematory Waugh M. E. Cem.

Location Fork, Md.

18 (a) Funeral director F. Lassahn & Son

(b) Address 7401 Belair Road

19 (a) 6/27/39 (Date rec'd by registrar) (b) W. M. Hammett Registrar

**MEDICAL CERTIFICATION**

20. Date of death June 25th 1939, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1939, to June 25 1939 and that I last saw him alive on June 24 1939

Immediate cause of death Rt Hemiplegia (Cerebral Hemorrhage) — Duration June 20/39

Due to ____

Due to ____ — a number of years.

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature Morris B. Green MD (M. D. or other)

Address 3009 Evergreen Ave Date signed 6/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

05808

(133)

**1. PLACE OF DEATH**

County Balto Registration Dist. No. 44

Village or City Sparrows Pt No. 523 E St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Mary E Simmons (Simmons) If U. S. Veteran, specify WAR

(a) Residence: No. 523 E St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Principal of

9. Industry or business in which work was done, as SILK Mill, SAW MILL, BANK, etc. Sparrows Pt + Edgemere

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Steelton Pa
(State or country)

FATHER

13. NAME Adam E Simmons

14. BIRTHPLACE (city or town) Pa
(State or country)

MOTHER

15. MAIDEN NAME Mary J Gallagher

16. BIRTHPLACE (city or town) Pa
(State or country)

17. INFORMANT Mr Sam Simmons
(Address) 523 E st Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL
Place Baldwin Cemetery Steelton Pa Date July 1, 1939

19. UNDERTAKER William M Mareck
(Address) 715 Light St

20. FILED June 30, 1939 Dawson L Trabs Dep. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to June 28, 1939

I last saw her alive on June 27, 1939; death is said to have occurred on the date stated above, at 7:03 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

| | Date of onset |
|---|---|
| Cystic Kidney | Aug 1938 |

Other Contributory Causes of Importance:

Arrow

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pelletreau M. D.

(Address) 847 Hamilton Ave

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05869

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 5 mths. 4 dys.

Stay in this community (yrs., or mos., or days): " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: *

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 109 E. Hughes Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** Albert Smith

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | widowed |

6 (b) Name of husband or wife: Elizabeth Creamer

died in 1896 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 19, 1856

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 6 | 23 | ____ hrs. ____ min. |

9. Birthplace: Howard County, Maryland
(Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: odd jobs

FATHER
12. Name: John Smith
13. Birthplace: Maryland

MOTHER
14. Maiden name: Abbey Weaver
15. Birthplace: Germany

16. Informant: Hospital record

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/21/39 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp Cem

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 6/21 1939 (Date rec'd by registrar) [signature] Registrar
Deputy

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1939 at 12:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8 1937, to June 12 1939, and that I last saw him alive on June 12 1939.

| Immediate cause of death | DURATION |
|---|---|
| Coronary thrombosis | 6-12-39 |
| Due to Chronic myocarditis | bef. 1937 |
| Generalized arteriosclerosis | " " |
| Due to | |
| Other conditions: Psychosis with cerebral arteriosclerosis | bef. 1937 |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Catonsville, Maryland Date signed 6-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05810

**1. PLACE OF DEATH**

County Baltimore — Opitz Home Registration Dist. No. 30

Village or City Catonsville Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Ida R. Snively If U. S. Veteran, specify WAR

(a) Residence: No. 3200 Westfield Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Snively

6. DATE OF BIRTH (month, day, and year) Aug 29 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME George Ambrose

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. E. Kelly (Address) 3200 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa. Date June 28, 1939

19. UNDERTAKER Leonard J. Rick (Address) 5305 Harford Rd.

20. FILED 6/26 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June 25 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to June 25, 1939

I last saw her alive on June 24, 1939; death is said to have occurred on the date stated above, at 4 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Chronic Myocarditis | 1937 |

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Robert B. Taylor M. D.

(Address) Catonsville, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 3, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

## CERTIFICATE OF DEATH

05811

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Middle River (Rural) (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution: 56 Kingston Park
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Midwood ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Agnes Lillian Southerington

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Henry Thomas Southerington Sr.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19 - 1855

8. AGE: Years 83 | Months 5 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace London England. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business "At home."

FATHER
12. Name Edward Wilkinson
13. Birthplace England

MOTHER
14. Maiden Name Unknown.
15. Birthplace England.

16 (a) Informant Wm. H. Southerington
(b) Address 2846 Clifton Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/8/39. (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 595 N. Monroe St.

19 (a) June 6 th (Date rec'd by registrar) (b) 59 John F. Connelly Registrar

### MEDICAL CERTIFICATION

20. Date of death June 5 1939, at 11:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 5 1939, and that I last saw him alive on June 6 1939.

Immediate cause of death Cerebral apoplexy — Duration 5 days
Due to Hypertensive Cardio-Vascular disease
Due to Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Baumgardner M.D. M. D. or other
Address Rosedale Md Date signed 6/5/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 12 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

05812

# CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Balt.
City or town Overlea Hills, Balto Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County
City or town Balto County Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 24 Cliftwood Rd (Overlea)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Geo. J. Spittel

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife Elizbeth Spittel

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1862

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 10 | 12 | hrs. min. |

9. Birthplace Balto (Town, county, and state)

10. Usual occupation retired (City)

11. Industry or business

FATHER 12. Name Henry O Spittel

13. Birthplace Balto

MOTHER 14. Maiden name —

15. Birthplace Balto

16. Informant Elizbeth Spittel

Address 24 Cliftwood Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29 1939 (month) (day) (year)

Cemetery or crematory Loudon Park

Location 3801 Frederick Rd.

18. Funeral director Martin E. Dippel

Address 7110 Belair Rd.

19. 6/27 1939 G. A. Fritz M.D.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1939, at 7-15 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
~~and that I last saw him alive~~ on 19 .

Immediate cause of death Heart disease, Valvular and suddenly unconscious

DURATION

Due to any Dr. during term before death. Dr Thos Stuart.

Due to Had attended him for valvular heart

Other conditions Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. S. Murphy Dep. P.M. Eq. M. D. or other

Address Overlea Md Date signed 6-26-39

RECEIVED
JUL 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (75)

Reg. Dist. No. 42

# CERTIFICATE OF DEATH

05813

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town English Council (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: #3 W. Daisy Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 6 yr.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Baltimore Co.

(c) City or town English Council (If outside city or town limits, write RURAL and give town)

(d) Street No. #3 Daisy (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) **FULL NAME** Ignatius Stachelek (Ignatius Stachetek)

3 (b) If veteran, name war

3 (c) Social Security No. none

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| male | white | married |

6 (b) Name of husband or wife Kate Konieczna

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1871

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | | | hr. min. |

9. Birthplace Poland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name ?

13. Birthplace

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant ?

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary

Location Baltimore

18 (a) Funeral director Fred W. Ozazewski

(b) Address 1930 Eastern Ave

19 (a) June 25 39 (b) (Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. Date of death June 25 1939, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1939, to June 25 1939, and that I last saw him alive on June 25 1939.

| Immediate cause of death | Duration |
|---|---|
| Cardio-Vascular Disease | June 23-39 |
| Due to Arteriosclerosis | 1930 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

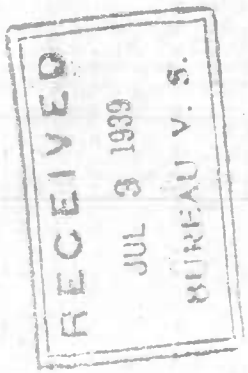
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas L. Ball Jr MD (M. D. or other)

Address Linthicum Md. Date signed 6-25-1939

Dr. L. M. Kieffer
#2 Leeds Ave



05814

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 10 Montrose Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Francis J. Starke

(a) Residence: No. 10 Montrose Ave Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| m. | Wh. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, and year) Mar 4, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 38 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Claim Investigator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. R.R.

10. Date deceased last worked at this occupation (month and year) Oct/35

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christian J. Starke

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Elizabeth V. Newberth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Lydia C. Starke 10 Montrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date July 1, 1939

19. UNDERTAKER (Address) F.A. Krause & Son 1216 S. Charles St

20. FILED 6/29, 1939 H. C. Andrews Registrar. Deputy Clerk

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 6 (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1939, to 6/28, 1939

I last saw him alive on 6/27, 1939; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1938 |

Other Contributory Causes of importance:

Malnutrition

Name of operation ____ Date of ____

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) A H Crowther M. D.

(Address) 4209 Frederick Ave.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July [illegible], [illegible]* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

REPORTED JUN 30 1924

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

217-01-3707

# STATE OF MARYLAND—CERTIFICATE OF DEATH

Social Security. # 05815

**1. PLACE OF DEATH**

County Balto. (92a) Registration Dist. No. 30

Village or City Catonsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Harvey R. Stolte If U. S. Veteran, specify WAR S.C. 217-01-3707

(a) Residence: No. #5 Edmonson Ridge Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie B Holtgreve age 37 yrs.

6. DATE OF BIRTH (month, day, and year) Jan. 18 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electrician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John C. Stolte

14. BIRTHPLACE (city or town) Balto. (State or country) Md

MOTHER

15. MAIDEN NAME Mary L. Trostle

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Sadie Stolte (Address) #5 Edmonson Ridge Road

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 6-13, 1939

19. UNDERTAKER Leonard Jr. (Address) 5305 Hartford Road

20. FILED 6/10, 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 6 (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1939, to 6/9, 1939

I last saw him alive on 6/9, 1939; death is said to have occurred on the date stated above, at 11 30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | ? |

Other Contributory Causes of importance:

| | |
|---|---|
| Cerebral Thrombosis | 1 dy. |

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 3326 Frederick Rd

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
JUN 15 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05816

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH**

County Baltimore County Registration Dist. No. 32

Village or City Pikesville No. 214 Church Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** William A. Stuygen If U. S. Veteran, specify WAR .....

(a) Residence: No. 214 Church Lane St., Ward .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. McCluskey

6. DATE OF BIRTH (month, day, and year) May 16 - 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Post

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Office Employee

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Freedus A Stuygen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. C. Hatch

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. S. Vaeth (Address) 214 Church Lane

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 6/23 1939

19. UNDERTAKER John J. Fahey & Sons (Address) 1310 Eutaw St.

20. FILED June 22, 1939 C. C. Nichols Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 20th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to June 21st, 1939

I last saw h.. alive on June 20th, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | 1935 |
| Chronic Myocarditis | 1937 |

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify .....

(Signed) James A. Duffie M. D.

(Address) Pikesville, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arterioselerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
JUL 5 1939
U. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05817

## CERTIFICATE OF DEATH (131)

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 mos., 21 days

Stay in this community (yrs., or mos., or days) " " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rogers Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME**

Carlton Sykes

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

B (b) Name of husband or wife Unk.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 28, 1863

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 3 | 10 | ____ hrs. ____ min. |

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Bank cashier

11. Industry or business Bank cashier

FATHER
12. Name Syloanus Sykes
13. Birthplace Maryland

MOTHER
14. Maiden name Rachael Gist
15. Birthplace Unk.

18. Informant Hospital records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-10-39 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Md

18. Funeral director F.C. Higinbothom Jr.

Address Ellicott City, Md

19. (Date rec'd by registrar) 6/9 19 39 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1939, at 6:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17, 1938, to June 8, 1939, and that I last saw him alive on June 8, 1939.

| Immediate cause of death | DURATION |
|---|---|
| Uremia | 4 days |
| Due to Chronic interstitial naphritis | |
| before | 1938 |
| Due to | |
| Other conditions Senile psychosis | |
| before | 1938 |

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury Injured at work?

23. SIGNATURE Serge Andrep M. D. or other

Address Catonsville Md Date signed 6/9/39

RECEIVED
JUN 15 1...
BUREAU V. R.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05818

(131)

**1. PLACE OF DEATH**

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 3014 Oakcrest Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 3 mos. 10 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Harry Wilson Naylor — If U. S. Veteran, specify WAR None

(a) Residence: No. 3014 Oakcrest Ave. Ward.

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Richardson Naylor

6. DATE OF BIRTH (month, day, and year): Mar. 5, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Coal. Thorne-Neale Co.

10. Date deceased last worked at this occupation (month and year): Feb 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John D. Naylor

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Sarah Horney

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. John D. Naylor

(Address): 3828 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: June 29, 1939

19. UNDERTAKER: Wm. Tietjen & Sons.

(Address): North & Paves.

20. FILED: 6/29, 1939 — [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1939, to June 28, 1939

I last saw him alive on June 28, 1939; death is said to have occurred on the date stated above, at 6:15 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. nephritis | 3/19/39 |
| | |
| | |
| | |
| Other Contributory Causes of importance: Chr. Myocarditis | 3/19/39 |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. J. Heming M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED JUL 3 1928 HONOLULU, T. H.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05819

**1. PLACE OF DEATH**

County Baltimore (23) Registration Dist. No. ~~9~~ 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. ..... St., ..... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

**2. FULL NAME** Alfred August Treadwell If U. S. Veteran, specify WAR No

(a) Residence: No. 206 York Road St., ..... Ward. Towson, Md.
(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Treadwell

6. DATE OF BIRTH (month, day, and year) June, 21, 1877

7. AGE Years 61 Months 11 Days 26 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Business
10. Date deceased last worked at this occupation (month and year) May 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER
13. NAME August Treadwell
14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER
15. MAIDEN NAME Katie Clarke
16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Personal History--Hospital Records
(Address) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date June 19, 1939

19. UNDERTAKER John Burns' Sons
(Address) Towson, Md.

20. FILED June 17, 1939 [illegible] Registrar.
Deputy Local

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1938, to June 16, 1939
I last saw him alive on June 16, 1939; death is said to have occurred on the date stated above, at 3:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1928 |

Other Contributory Causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. A. Bridges M. D.
(Address) Towson, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1922* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 19[illegible]* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

R. BECKHOLDER
JUN 24 1922
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 44

05820

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Balto

(b) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Jones Creek Ave R 10 Box 66.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md (b) County Balto

(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)

(d) Street No. R 10 Box 66.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George Ulrich.

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 7. 1939 –

8. AGE: Years | Months | Days | If less than one day 4 hr. ____ min.

9. Birthplace Sparrows Point. Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business none –

FATHER
12. Name George Rhinehardt Ulrich
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Henrietta Christine Janssen
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Henrietta Janssen Ulrich
(b) Address Jones Creek Sparrows Pt. Md

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof June 8, 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave. Baltimore City

18 (a) Funeral director Geo R. Ulrich "Father"

(b) Address Jones Creek, Route 10 Box 66

19 (a) June 7. 39 (Date rec'd by registrar) (b) Dawson L. Harlin Registrar

## MEDICAL CERTIFICATION

20. Date of death June 7 1939, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1939, to June 7 1939, and that I last saw him alive on June 7 1939.

Immediate cause of death Premature (Seven months)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Tallin. M.D.
M. D. or other

Address Sparrows Point Md Date signed June 7. 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

# CERTIFICATE OF DEATH

05821

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS Form 15

1. PLACE OF DEATH:
County Baltimore
City or town Fullerton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Putty Hill Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Fullerton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Putty Hill Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leo Nickels
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband or~~ wife Katharine Clifford
6(c) If alive, give age 7 years
7. Birth date of deceased (mo., day, yr.) Dec. 14th 1903
8. AGE: Years 35 Months 5 Days 25 If less than one day ___ hrs. ___ min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business Electric work
FATHER 12. Name ~~~
13. Birthplace ~~~
MOTHER 14. Maiden name ~~~
15. Birthplace ~~~
16. Informant Louis Nickels
Address Putty Hill Ave Fullerton

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12 1939 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Balto City Md
18. Funeral director Tassalini Funeral Home
Address 7401 Belair Rd.
19. June 12 1939 (Date rec'd by registrar) E. A. Snift Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1939, at 6:20 P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, and ~~that I last saw h~~ ___ alive on ___ 19___.

| | DURATION |
|---|---|
| Immediate cause of death Suicide by | |
| Poison Shot through | |
| Due to Heart | |
| Due to | |
| Other conditions | |

Major findings: (Include pregnancy within 3 months of death)
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, or ~~homicide~~ Suicide Date of injury 6-9-39
Where did injury occur? Fullerton (City or town) Balt (County) Md (State)
Injured at home, farm, industry, public place (where?) at home
Means of injury Poison shot Injured at work? No

23. SIGNATURE P. P. C. Myers Deputy Post Master Examining M. D. or other
Address Fullerton Md Date signed 6-9-39

RECEIVED
JUN 15 1932
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95)

05822

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Stemmers Run (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Vogts Lane

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Stemmers Run. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Vogts Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Andrew Joseph Wagner

**3. (b) Social Security Number:**

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Johanna C (Seivert)

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 21-1872

8. AGE: Years: 67 Months: 4 Days: 23 If less than one day: hrs. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual occupation: Printer

11. Industry or business:

FATHER
12. Name: Andrew Wagner
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mrs. Johanna C. Wagner
Address: Vogts Rd. Stemmers Run

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/17/39 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cemetery
Location: Eastern Ave Rd.

18. Funeral director: John G. Connelly
Address: Essex, Md

19. 6/16/39 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June - 14th 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1939, to June 14 1939, and that I last saw him alive on June 13 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cardiac decompensation | 6 mos |
| Due to Arteriosclerotic cardio-vascular disease | years |
| Due to | |
| Other conditions Benign prostatic hypertrophy | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George F. Lewis M.D.
M. D. or other

Address: Essex, Md. Date signed 6/15/39

RECEIVED
JUN 19 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

# CERTIFICATE OF DEATH

05823

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in this community (yrs., mos., or days) 11 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Revolution Street (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Sarah E. Walker

3 (b) If veteran, name war

3 (c) Social Security No. 215-09-5164

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry A. Walker

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): December 27, 1910

8. AGE: Years: 28 Months: 5 Days: 11 If less than one day: _____ hr. _____ min.

9. Birthplace: Havre de Grace, Harford, Maryland (Town, county, and state)

10. Usual occupation: Laundry Helper

11. Industry or business: Laundry

FATHER
12. Name: Joseph C. Lawrence
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Fannie Brinkman
15. Birthplace: Unknown

16 (a) Informant: Eleanor Pearson
(b) Address: Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 11, 1939 (month) (day) (year)
(c) Cemetery or crematory: Angel Hill Cemetery
Location: Havre de Grace, Maryland

18 (a) Funeral director: Pennington & Sons
(b) Address: Havre de Grace, Maryland

19 (a) June 7, 1939 (Date rec'd by registrar) (b) Frank A. Gudus Registrar

## MEDICAL CERTIFICATION

20. Date of death: June 7, 1939, at 12:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27, 1939 to June 7, 1939, and that I last saw her alive on June 7, 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: Since Jan. 1938

Due to: _____

Due to: _____

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John A. Smith M. D.
Address: Mount Wilson, Md. Date signed: 6/7/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 40

# CERTIFICATE OF DEATH

05824

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

(a) County Balto

(b) City or town Perry Hall Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Balto

(c) City or town Perry Hall (If outside city or town limits, write RURAL and give town)

(d) Street No. Perry Hall Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George A. Walter

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie E. Walter

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 9th 1862

8. AGE: Years 77 Months 3 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Balto Co Md. (Town, county, and state)

10. Usual occupation Truck farmer

11. Industry or business Farming

FATHER

12. Name Henry Walter

13. Birthplace Germany

MOTHER

14. Maiden Name Eliz Langham

15. Birthplace Unknown

16 (a) Informant Mrs. G. A. Walter

(b) Address Fullerton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30th 39 (month) (day) (year)

(c) Cemetery or crematory St. Michaels

Location Balto Co. Md

18 (a) Funeral director Fredk. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) 6/27/39 (Date rec'd by registrar) (b) W. M. Hammett Registrar

## MEDICAL CERTIFICATION

20. Date of death June 27 1939 at 10:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1937, to June 27 1939, and that I last saw him alive on June 26 1939.

Immediate cause of death Acute dilatation of heart — Duration 1 day

Due to Chronic myocardial disease — 2 yrs

Due to Arteriosclerosis — 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Alex Gershew MD M. D. or other

Address 4116 Northern Pkwy Date signed 6/27/39

RECEIVED
JUL 9 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(183)

05825

Reg. Dist. No. 44

**1. PLACE OF DEATH:**

County Balto

City or town Middle Run Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital or institution~~ Bx 146 B. Stemmers Run P.O.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Middle River Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Box 146 B. Stemmers Run

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Gordon Philip Warnick

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | single |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 12 - 1936

8. AGE: Years 3 Months - Days 5 If less than one day hrs. min.

9. Birthplace St. Helena Con. Almondale Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Victor B. Warnick

FATHER 13. Birthplace Hubbard W. Va.

MOTHER 14. Maiden name Idabelle Braithwaite

MOTHER 15. Birthplace Gross, West Virginia

16. Informant Parents

Address Lucy Creek. Stemmers Run

17. Burial (Burial, ~~cremation, removal~~. Which?) Date thereof June 19 - 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Odd Fellows

Location Westernport (Allegheny Co.) Md.

18. Funeral director John G. Connelly

Address Essex, Md.

19. June 17 1939 John G. Connelly

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1939, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ ---- 19 ---, to ---- 19 ----,

and that I last saw h--- alive on ---- 19 ----.

Immediate cause of death Accidental drowning — DURATION

Due to There was no boat involved. Swimmer

Body was found in about five feet of water.

Due to Beside a narrow wharf on pier standing

out from backyard.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of 6-17-39

Where did injury occur? Middle River Balto Md

(City or town) (County) (State)

Injured at home, ~~farm, industry, public place~~ (where?) Middle River

Means of Injury drowning Injured at work?

23. SIGNATURE D. O. Rupp P.M. Examiner

Lafayette M. D. or other

Address Sycamore Miss. Date signed 6-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 21 1939
BUREAU V. S.

05826

# STATE OF MARYLAND
# CERTIFICATE OF DEATH

(95-E)

Registration Dist. No. 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

[1] PLACE OF DEATH

County Baltimore

Catonsville, Md

Village or City ~~Balto. Co.~~ (No. 635 North Bend Rd. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

[2] FULL NAME John Webb

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
|---|---|---|
| male | white | widowed |

6 DATE OF BIRTH: June (Month) 2 (Day), 1869 (Year)

7 AGE: 70 yrs. — mos. — ds. | If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed or (employer):

9 BIRTHPLACE (State or country): West Hamlin, W. Va.

PARENTS

10 NAME OF FATHER: Want Knew

11 BIRTHPLACE OF FATHER (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Want Knew

13 BIRTHPLACE OF MOTHER (State or Country): Want Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Bauers

(Address) 635 North Bend Rd

15 Filed 6/3 1939 [illegible] Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 2 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 3 1939. to June 2, 1939.

that I last saw him alive on June 2, 1939,

and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH * was as follows:

Hypertensive Cardiovascular disease

(Duration) 2 yrs. mos. ds.

Contributory Secondary: acute uremia

(Duration) yrs. mos. 2 ds.

(Signed) Benjamin Miller M. D.

June 3 1939 (Address) 2030 Wilkens ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 5, 1939

20 UNDERTAKER: Mr Mrs N S Finch — ADDRESS: 2572 Wilkens ave

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

RECEIVED JUN 15 1939 BUREAU OF

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sorcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05827

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH** (95-2)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 308 Ingleside Ave. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Marshall B. West

(a) Residence: No. 308 Ingleside Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anne Bresee West

6. DATE OF BIRTH (month, day, and year): May 30, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | # | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Medical Doctor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 6/2/39

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: Edward R. West

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Josephine Cassard

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. M. B. West

(Address): Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cemetery — Date: June 12, 1939

19. UNDERTAKER: Easton Sons

(Address): Ellicott City, Md

20. FILED: 6/12/1939 — Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**: June (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1939, to June 10, 1939.

Last saw h— alive on June 10, 1939; death is said to have occurred on tha data stated above, at 6 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Acute) Hypertension | |
| Cardio vascular Disease | 6-1-39. |

Othar **Contributory Causes** of importance:

Nama of operation: None — Date of:

What test confirmed diagnosis? Clin. Findings — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Natura of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James D Howell M. D.

(Address) Catonsville

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
JUN 15 1939
BUREAU V. S.

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05828

**1. PLACE OF DEATH**

County Baltimore (48) Registration Dist. No. 41

Village or City Dundalk No. 36 Township Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Hannah Barbara Whiteford

(a) Residence: No. 36 Township Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Henry Whiteford

6. DATE OF BIRTH (month, day, and year) Sept 4, 1886

7. AGE: Years 52 | Months 9 | Days 15 | If LESS than 1 day, 8 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chief Operator Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) About 2 years

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mark Daniel Bradley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Johanna Vogel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Husband - Wm H. Whiteford 36 Township Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/24/, 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED 6/20/39, 19 W M Carmine Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to June 20, 1939

I last saw her alive on June 20, 1939; death is said to have occurred on the date stated above, at 8:15 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adeno Carcenoma of Uterus | About 5 years |

Other **Contributory Causes** of importance:

Neme of operation Laparotomy Church Home Hosp. Date of June 7, 1934

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Howard Burns M. D.

(Address) 59 Dundalk Ave.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED JUN 26 1930 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 43

05829

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Balto.

(b) City or town Carney (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 9th Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~20~~

(e) Length of stay in this community (yrs., mos., or days) 20

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Balto.

(c) City or town Fullerton (R.F.D.) (If outside city or town limits, write RURAL and give town)

(d) Street No. 9th Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Christine M. Wirth

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas. I. Wirth

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1874

8. AGE: Years 64 Months 9 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Pa (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Peter Elsen

13. Birthplace Germany

MOTHER 14. Maiden Name Magdalena Siegel

15. Birthplace Germany

16 (a) Informant Chas. I. Wirth

(b) Address 9th Ave Carney Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1939 (month) (day) (year)

(c) Cemetery or crematory Morelands

Location Balto. Co. Md.

18 (a) Funeral director Fredk. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) 6/13/39 (Date rec'd by registrar) (b) G. A. Fritz M.D. Registrar

### MEDICAL CERTIFICATION

20. Date of death June 12 1939, at 1:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1937, to June 12 1939, and that I last saw him alive on June 12 1939.

| Immediate cause of death | Duration |
|---|---|
| Chr. myocarditis | 1936 |
| Due to Hypertensive cardiovascular disease | 1932 |
| Due to Bronchial asthma | 1937 |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6217 Harford Rd Date signed 6-13-39

VS. A15 (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-a)

05830

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp
Stay in hospital or instn. (yrs., or mos., or days) 4 yrs 1 mo
Stay in this community (yrs., or mos., or days) 4 yrs 1 mo

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR unknown

**3. (a) FULL NAME** John Wito Bonski

**3. (b) Social Security Number** unknown

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Unknown
6 (b) Name of husband or wife: unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): not known
8. AGE: Years: about 65 | Months: — | Days: — | If less than one day: ____ hrs. ____ min.
9. Birthplace: don't know possibly Poland (Town, county, and state)
10. Usual occupation: none / Polish
11. Industry or business: none
FATHER 12. Name: unknown
13. Birthplace: unknown
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown
16. Informant: Record Spring Grove State Hosp
Address Catonsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-17-39 (month) (day) (year)
Cemetery or crematory Spring Grove State Hosp
Location Catonsville Md Cem.
18. Funeral director Spring Grove State Hosp.
Address Catonsville Md
19. 7/17 (Date rec'd by registrar) 19 39 Registrar
Deputy Local.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH June 22 1939, about 2-15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

| Immediate cause of death | DURATION |
|---|---|
| Chronic Valvular Heart | ? |
| Due to disease | |
| Due to Arteriosclerosis | ? |
| Other conditions Coronary Thrombosis | sudden |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Geo. A. McKeffer M.D. Deputy Med. Exam. M. D. or other
Address 1010 Leeds ave Date signed Balto Co June 22 39

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

05831

(131)

**1. PLACE OF DEATH**

County Baltimore — Registration Dist. No.

Village or City Lutherville — No. Mount Kurtz Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds.

**2. FULL NAME** Mary M Wooten — If U. S. Veteran, specify WAR No

(a) Residence: No. Mount Kurtz Ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Luther H.

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Michael McLaurin

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Sarah Wheeler

16. BIRTHPLACE (city or town) Dorchester Co. Md
(State or country)

17. INFORMANT Luther H. Wooten
(Address) Mount Kurtz Ave Lutherville

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 7, 1939

19. UNDERTAKER Williams Detrick
(Address) 1217 N Eden St

20. FILED June 8 39 Registrar. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 5, 1939 (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from November, 1938, to June 5, 1939

I last saw her alive on June 4, 1939; death is said to have occurred on the date stated above, at 3:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 5/28/39 |
| Nephritis, Chronic | Feb. 39 |
| Cardiac decompensation | Feb. 39 |

Other Contributory Causes of Importance:

| | |
|---|---|
| Arteriosclerosis, general | Unk. |
| Arteriosclerosis, cerebral | Unk. |
| Hypertension | Unk. |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Bennett A. Stavis M. D.

(Address) Lutherville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05832

**1. PLACE OF DEATH**

County Baltimore — Registration Dist. No. 42

Village or City Relay — No. 3 E. Hazel Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Daniel E. B. Zimmerman ~~Veteran~~, specify WAR

(a) Residence: No. 3 E. Hazel Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Zimmerman

6. DATE OF BIRTH (month, dey, end yeer) April 12 1870

| 7. AGE | Yeers | Months | Days | If LESS than 1 dey, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Railroad Engineer Retired

9. Industry or business in which work wes donn, es SILK MILL, SAW MILL, BANK, etc. Railroad

10. Dete deceesed last worked et this occupation (month and yeer) 1929

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (Stete or country) Frederick County Md.

FATHER

13. NAME Marshall A. Zimmerman

14. BIRTHPLACE (city or town) (Stete or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Julia A. ?

16. BIRTHPLACE (city or town) (Stete or country) Frederick Co. Md.

17. INFORMANT Mrs. Zimmerman

(Address) 3 E. Hazel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Piece Lorraine Date June 16, 1939

19. UNDERTAKER C. Richard Fleming

(Address) 1476 Light St.

20. FILED June 14, 1939 Geo. Kiefer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 13 (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 23, 1929, to June 13, 1939

I last sewn alive on June 7, 1939; deeth is seid to heve occurred on the dete steted above, et 10.50 p.m.

The **PRINCIPAL CAUSE OF DEATH** end related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | Sudden |
| Other Contributory Causes of importance: Chronic Myocarditis with | |
| Coronary sclerosis | 10 yr. |
| Arteral sclerosis | 10 yr. |

Neme of operation — Date of —

Whet test confirmed diegnosis? Statk Wes there en autopsy? No

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Neture of injury —

24. Was diseese or injury in eny way releted to occupetion of deceased? no

If so, specify

(Signed) Willard A. Parson M. D.

(Address) Hale Thorpe Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05833

**1. PLACE OF DEATH**

County Maple Grove Cowalysand Home Baltimore — Registration Dist. No. 30

Village or City Catonville — No. Maple Grove Cowalysand Home Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 1 mos. 25 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Frederick Zittinger

(a) Residence: No. Arbutus Ave St. 170 Ward E Lafayette H

Balto Md Edm Sec (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Zittinger

6. DATE OF BIRTH (month, day, and year) July 11 1871

7. AGE Years 68 Months 10 Days 20 If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bank Runner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Md. Trust

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Conrad Zittinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Luft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fred Horn (Address) 1704 E. Lafayette

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date June 5, 1939

19. UNDERTAKER Louis Heemann & Son (Address) 32 S. Broadway

20. FILED 6/3, 1939 H. C. Lindsay Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Apr. 7, 1939, to June 1, 1939

I last saw him alive on June 1, 1939; death is said to have occurred on the date stated above, at 10.30 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 6/1/39 |

Other **Contributory Causes** of importance:

| | |
|---|---|
| General arteriosclerosis | 4/7/39 |

Name of operation — Date of ____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) R. M. Hening M. D.

(Address) Catonville Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Osteomyelitis* | *1 year* |
| | | | |
| | | | |

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JUN 10 1939
BUREAU P.H.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN